



IAGP  
International Association  
for Group Psychotherapy  
and Group Processes

# FORUM

Journal of the International Association for Group Psychotherapy and Group Processes

**VOLUME 10**  
July 2022

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for Group Psychotherapy and Group Processes



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Forum is IAGP's annual journal, which presents articles of scientific and professional interest throughout the world of group psychotherapy and group processes.

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July 2022

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# President's Welcome

## Bienvenida del Presidente

### Colleagues,

It is a privilege to welcome our readers to this edition of our IAGP journal, FORUM.

Under the leadership of our current editor, Prof. Kaoru Nishimura and his dedicated editorial staff, FORUM has transformed into a peer reviewed professional journal. How meaningful is this. We all owe a great debt of appreciation to Prof. Nishimura and his team for putting together another remarkable edition for our readers to learn from.

In this edition, we are graced with the opportunity to learn from distinguished invited authors, Drs. Di Maria, Población and Menarini, as well as articles related specifically to the COVID pandemic from authors Burani and Mineo, and Melero and Negueruela. We will learn from colleagues Romandini and Mineo; Tarashoeva; Simmons, Christoph, Lee; Ücer and Agresta in the regular articles section, as well as deepening our knowledge from case studies written by Nasu, Kimura and Nishimura; and Biolcati. We conclude this edition with a 'letter to the editor' from Weinberg.

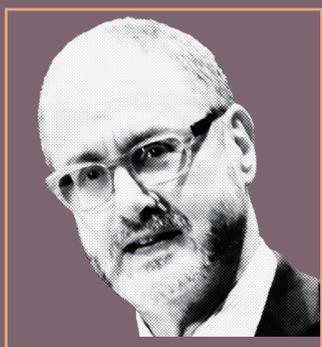
This edition represents the final issue of FORUM during this administration and also the final edition that will be edited by Prof. Nishimura.

Allow me to offer heartfelt congratulations to everyone involved in the creation of and publication of this edition of our IAGP FORUM!

Knowledge such as what is written in articles published in our FORUM has never been more important and valued than now.

This pandemic, and conflicts around the world, have shown us all how important facts are and the ability to honestly and accurately offer them. Our ability and freedom to express concepts contained in these articles, to publish them in our IAGP FORUM, are essential for the well being of the world and an example of the unique position IAGP has in it.

**Yours sincerely,  
Richard Beck  
IAGP President**



**Richard Beck  
IAGP President**

### Estimados colegas,

Es un honor para mí dar a nuestros lectores la bienvenida a la presente edición de nuestra revista de la IAGP, FORUM.

Bajo el liderazgo de nuestro editor actual, el Prof. Kaoru Nishimura y su dedicado equipo editorial, FORUM se convertido en una revista verdaderamente profesional de revisión por pares. ¡Y qué importante es esto! Todos tenemos una gran deuda de agradecimiento con el Prof. Nishimura y su equipo por crear otra destacable edición de la revista para que nuestros lectores se formen.

En esta edición, tenemos la oportunidad de aprender de los distinguidos autores invitados, los Dres. Di Maria, Población y Menarini, así como artículos relacionados específicamente con la pandemia por COVID de los autores Burani y Mineo, y Melero y Negueruela. Aprenderemos de los colegas Romandini y Mineo; Tarashoeva; Simmons, Christoph, Lee; Ücer y Agresta en la sección de artículos habituales, además de aumentar nuestro acervo de conocimientos gracias a los estudios de casos redactados por Nasu, Kimura y Nishimura; y Biolcati. Concluimos esta edición con una 'carta al editor' de Weinberg.

Esta edición representa el número final de FORUM durante esta Junta directiva y también la edición final que será editada por el Prof. Nishimura.

¡Permítanme felicitar sinceramente a todos los involucrados en la creación y publicación de esta edición de nuestro FORO IAGP!

Conocimientos como los que se recogen en los artículos publicados en nuestro FORUM nunca ha sido tan importantes ni valiosos como lo son ahora.

Esta pandemia y los conflictos en todo el mundo nos han mostrado a todos cuán importantes son los hechos y la capacidad que tengamos de mostrarlos con precisión y honestidad. Nuestra capacidad para expresar libremente las ideas contenidas en estos artículos y para publicarlas en nuestro FORUM IAGP, son fundamentales para el bienestar mundial y un ejemplo de la posición singular que la IAGP tiene dentro de él.

**Afectuosamente,  
Richard Beck  
Presidente de la IAGP**

# EDITORIAL

This is the third Forum under this committee. We are also very happy because this is the 10th volume of the Forum!

The peer-review system has taken root, and we are grateful that we had 8 papers peer-reviewed again this year.

The coronavirus pandemic has not yet subsided. This infection is transmitted through physical proximity between people. It must be the most abhorrent disease for group psychotherapy. Yet, surprisingly, we therapists proudly did not stop moving forward and tried to find new ways of life. Many people may have been saved by them. Some of the new methods expanded the way of running groups and will remain in the future, even after the end of the coronavirus. So, we have taken up *Tools of Change during/after the COVID-19 Crisis* as a special focus topic. We were able to publish two papers on this topic, while some of the regular articles are related to this theme.

In this volume 10, we have three invited articles. It was an honor to include papers by global leaders in group psychotherapy and group processes. Among them, Raffaele Menarini is a keynote lecturer for the IAGP International Congress 2022 to be held this summer.

Este es el tercer FORUM dirigido por este Comité Editorial, pero además; ¡Este es el décimo volumen de FORUM y eso nos hace sentir especialmente contentos!

El sistema de revisión por pares se ha arraigado con fuerza, por lo que nuevamente este año nos sentimos muy satisfechos de haber logrado alcanzar la cifra de 8 nuevos artículos revisados por pares.

La pandemia de coronavirus aún no ha cedido. Y se trata de una infección que se transmite por la proximidad física entre las personas. Por ello, resulta difícil pensar en una enfermedad más ominosa para cualquier psicoterapia grupal. Sin embargo, sorprendentemente, los terapeutas de grupo no hemos dejado de progresar con osadía, tratando de encontrar nuevos modos de ser. Muchas personas se habrán refugiado en ellos, como terapeutas de grupo. Algunos de los nuevos métodos surgidos en este tiempo se mantendrán una vez finalizado el coronavirus. Por eso, hemos elegido como tema de foco específico *Las Herramientas del cambio durante/después de la crisis por COVID-19*. Publicamos por dicho motivo dos artículos específicos sobre esta cuestión; téngase en cuenta además que algunos de los artículos habituales también están relacionados con este tema.



Kaoru Nishimura (Japan)



Roberta Mineo (Italy)



Enrique Negueruela Azarola (Spain)

We hope that his paper will inspire you to enjoy the Congress even more.

Enrique Negueruela Azarola joined our committee last year, replacing Camino Urrutia Imirizaldu as chief of the Spanish papers section, and has done a great job. I deeply thank him for his wonderful job. Also, we appreciate the sincere and professional job of peer-reviewers, as listed after this editorial.

We pray that the wars that damage the global community and produce misery will end, and that peace will come to the world.

**FORUM Editorial Board thanks peer-reviewers below for their cooperation for Forum 10.**

**Eva Fahlstrom Borg, Chu Ying Chen, Earl Hopper, Roberto de Inocencio, Yoshie Ohashi, Shira Marin, Ekhterina Mikhailova, Maria van Noort, Maite Pi Ordoñez, Mona Rakhawy, Regine Scholz, Judith Teszáry, and Marianne Wiktorin**

En este volumen 10, contamos también con tres artículos de autores invitados. Es un honor poder incluir textos de líderes mundiales de la psicoterapia de grupo y los procesos grupales. Entre ellos, Raffaele Menarini que será un conferenciante clave en el Congreso Internacional IAGP 2022 que se llevará a cabo este verano. Esperamos que su artículo sea una inspiración para usted y le permita disfrutar aún más del Congreso.

Enrique Negueruela Azarola se unió a nuestro comité el año pasado, reemplazando a Camino Urrutia Imirizaldu como jefe de la sección de artículos en español, y ha hecho un gran trabajo. Le agradezco profundamente su maravilloso esfuerzo. Además, queremos valorar de modo especial el trabajo sincero y profesional de los revisores de pares, que se enumeran al pie de este editorial.

Recemos, por último, para que terminen las guerras que tanto dañan a la comunidad global y que tanta miseria provocan, permitiendo que la paz llegue finalmente al mundo.

**El consejo editorial de FORUM agradece a los revisores de pares citados a continuación por su contribución para FORUM 10.**

**Eva Fahlstrom Borg, Chu Ying Chen, Earl Hopper, Roberto de Inocencio, Yoshie Ohashi, Shira Marin, Ekhterina Mikhailova, Maria van Noort, Maite Pi Ordoñez, Mona Rakhawy, Regine Scholz, Judith Teszáry y Marianne Wiktorin**

## EDITORIAL

# Call for Papers for Forum 11

## Llamamiento

Dear IAGP Members,

We are very pleased to initiate our first Call for Papers for the IAGP Journal Forum Number 11 to be published in June 2023.

We are seeking to publish regular articles of "Scientific Papers" and "Case Studies".

"Instructions for Authors" is attached so that we will be using it for peer review so that authors can know the parameters we will be using for this volume.

All the papers are to be sent to Forum Editorial Committee (Forumeditors@iagp.com).

The due date for submission is **November 20, 2022**.

Please note that the first author should be an IAGP member and that all the papers will be peer-reviewed (except Invited Articles). In addition, proofreading by native speakers is essential. Otherwise, we cannot start the peer-review process. Thank you!

Estimados miembros de la IAGP:

Nos emociona iniciar la convocatoria de artículos que compondrán el número 11 de Forum, la revista de la IAGP que se publicará en junio de 2023.

Se incluirán artículos regulares: "Artículos Científicos" y "Estudios de Caso".

Se adjuntan las normas de publicación, que serán utilizadas en la revisión por pares, para que los autores puedan conocer los parámetros que vamos a utilizar para este volumen.

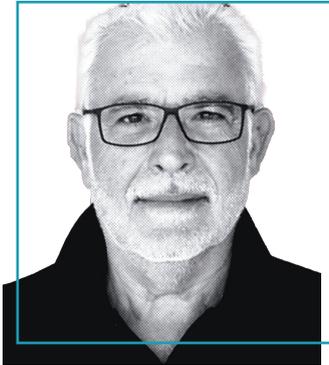
Todos los documentos se enviarán al Comité Editorial de Forum (Forumeditors@iagp.com).

La fecha límite para la presentación es el **20 de Noviembre de 2022**.

Téngase en cuenta que el primer autor debe ser miembro de la IAGP y que todos los documentos serán revisados por pares (excepto los artículos invitados). Además, la corrección a cargo de un hablante nativo es esencial. De lo contrario, no se iniciará el proceso de revisión por pares.

## From the Polis to the Group and back

### De La Polis Al Grupo



#### Franco Di Maria (Italy)

Emeritus Professor of Dynamic Psychology at the University of Palermo, he is one of the most famous voices of groupanalysis in Italy. Former Board member of IAGP, he has chaired some of the most prestigious psychology associations in Italy. His latest works range from the mafia transpersonal to the relationship between groupanalysis and attachment theory.

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#### Abstract

This contribution explores the relational quality of humans, underlining the political nature of their psyche, with its intrinsic connections to culture, ethics and society.

To deal with the political transpersonal, when it comes to the work with the unconscious, means to acknowledge we are part of a system where individuals are not seen as "subjects" but as "participants", in a network of shared laws and ethics. Specifically, ethics concerns the quality of the intersubjective relationships, as it does not only concern *knowing how to do* or *knowing how to be*, but the *making of being*. In other words, ethics deals with the relational nature of the subject.

The nature of such relational subjectivity is political and its most evident quality is ethical: politics is intertwined with culture, not as the obvious background where human evolution and civilization takes place, but as a co-protagonist in the constitution of the mental schemes that support the man-world relationship.

The transit from the idea of an individual subject to a collective subjectivity belongs to the process of socialization of the mental experience. Both from an inter-subjective and groupanalytical perspective, human beings prematurely internalize relationships and form "internal groupalities". The concept of a collective structure of the psyche implies that mental phenomena are metaphorical representations and cannot only be reductively explained in terms of combination-interaction between physiochemical elements.

The proposal that stems from this contribution, therefore, is to transform our relationship with the ways of knowing, of doing scientific research, of practicing in our clinical practices, by challenging our mental organizations and the institutions that we inhabit.

#### Keywords

Transpersonal, political unconscious, thinking as a group, responsibility.

#### Resumen

La presente propuesta explora la cualidad relacional de los seres humanos, subrayando la naturaleza política de su psique, y sus conexiones intrínsecas con la cultura, la ética y la sociedad.

Abordar el ámbito político de lo transpersonal, cuando se trata de trabajar con el inconsciente, significa reconocer que somos parte de un sistema donde los individuos no son vistos como "sujetos" sino como "participantes", dentro de una trama de leyes y éticas compartidas. Más concretamente, la ética atañe a la calidad de las relaciones intersubjetivas, ya que no atañe sólo al saber hacer o al saber ser, sino al *hacer del ser*, es decir, la ética se ocupa de la naturaleza relacional del sujeto.

De este modo, la naturaleza de tal subjetividad relacional es política siendo la ética su cualidad más sobresaliente: la política se entrelaza así con la cultura, pero no solo como un decorado visible ante el cual se representan la evolución humana y la civilización, sino como un coprotagonista activo en la constitución de los esquemas mentales que sustentan la relación entre el hombre y el mundo.

El paso que va desde la idea de sujeto individual hasta la noción de subjetividad colectiva concierne al proceso de socialización de la experiencia mental. Tanto desde una perspectiva intersubjetiva como grupoanalítica, los seres humanos internalizan tempranamente las relaciones formando así "grupalidades internas". El concepto de estructura colectiva de la psique implica considerar que los fenómenos mentales son representaciones de naturaleza metafórica que no pueden explicarse de forma reduccionista solamente en términos de una combinación-interacción de elementos físico-químicos.

La propuesta que surge de este aporte insta, por tanto, a transformar nuestra relación con las formas de saber, de hacer investigación científica y de ejercer en nuestra práctica clínica, cuestionando las organizaciones mentales que nos son propias y las instituciones que habitamos.

#### Palabras clave

transpersonal, inconsciente político, pensamiento grupal, responsabilidad

## PREMISE

The study of political thinking and acting concerns the ways in which the forms of sociality and common coexistence are developed and given, the mental space that political feeling occupies for each individual and for the community of reference and of belonging. A “broad” vision of politics, then: one not limited to the behaviors and interactions that are traditionally included in the “technical”, as it were, analysis of this matter (parties, institutions, local authorities and national games, exchange games, and so on), but open to what is manifested and concretized of social life (of feeling and social action) in the context of the *polis*. The concept of *polis* acquires a specific field relevance in the way of understanding “politics”, thanks to the values it has assumed in the context of ancient Greek thought and which were then recalled by modern thought when, in the struggle for civil and political rights, the idea of the city and citizenship was opposed to that of subservience to an absolute state. The political community (the *polis*, in fact) as a place of shared coexistence and as a practical project of social life: an organism of which one is not a “subject”, but a “participant” under the protection of shared laws. This way of understanding the category of the “political” has an intrinsic psychological-social dimension. Indeed, the *polis* (recalling *Nicomachean Ethics* and Aristotle’s *Politics*) is not only the place of social life structured in the political community, but also (and fundamentally) the practical environment (praxis = action) in which human beings concretely realizes that active sociality which, along with reason, constitutes the founding, species-specific characteristic of our species. Sociality, the ability to live together, is not an accessory characteristic of man, but rather an original and necessary part of the basic outfit that has allowed the survival and development of human species on our planet.

Although “capable of science and technology” (we recall the imaginary reconstruction carried out in Plato’s *Protagora*), men would soon become extinct because, unable to live together, they wander isolated in the woods, prey to wild beasts: the gift of sociality, sent by Zeus through his two messengers Justice and Respect, saves them (the *politeia*, the ability to live together in an organized way). For this reason, Aristotle can affirm that the *polis* exists before the individual and that “he who cannot become part of a community or who does not need anything because he is sufficient for himself ... is either a beast or a God”.

And this is the central crux of the question whose solution is the task of Psychology.

## THE DIMENSION OF THE POLIS

Dealing with *polis* and political forms also means dealing with ethics. A complex issue, in particular, considering a psychological dimension which is flexible and complex when compared to the “strong” and “authoritative” dimension of ethics. However, to propose a first reflection, we could affirm that ethics concerns the quality of the interhuman and of intersubjective relationships, as it does not only concern “knowing how to do” or “knowing how to be”, but the “making of being”. We cannot speak of ethics if we do not recognize others as subjects who can exist in their otherness. Therefore, in the ethical dimension, subjectivity has the possibility of accepting and recognizing that a subject is born and evolves on the inside and through a subjective relationship, in other words by sharing subjectivity.

So we tried to establish a “beginning” of the speech. But at the onset of the reflection the problematic issue shifts to a second definition, that of politics. Politics is above all a way of conceiving and regulating the bonds and relationships within the interhuman, the community. For this reason politics is strongly present and constitutive of the social image; the internal world of subjectivity does not pertain to the social imaginary, and the dialectic between subjectivity and the collective presences that were previously external to it and which, for example, preceded and conceived it in the (transgenerational) family does.

What becomes “internal” is not the relationships but the modalities of relationships and mental spaces - more precisely the mental fields - in which they are inserted. So, the internal becomes external and vice versa, and it is so that politics, like everything transpersonal, is internal and external to the subject: it crosses the individual, groups and organizations.

Politics is intertwined with culture, it produces it and is produced from it, without, however, being a background within which human social evolution and civilization takes place, but a co-protagonist, since politics must be recognized as having a function of active participation in the constitution of the mental schemes that support the man-world relationship. The transit from an individual subject to a collective subjectivity belongs, in fact, to this process of socialization of mental experience.

Today’s society, more than ever, needs a culture of the *polis*, of the community, it needs mental spaces in which relationships and groups can interact. Society needs politics, understood as a correlation between words, actions and a state of affairs to be read as a constraint and

as a resource. The way of being there, of staying within the political community is determined by the mental field that said community constitutes. For this reason, politics is not only structures and provisions, it is also a sense-maker. In a context in which politics is experiencing catastrophes of constant and parallel signification and re-foundations, it needs ethics: politics without ethics is just a technology of governance, an art of conflict mediation, a mediation for its own sake. Although, let us remember, ethics without politics can lead to, and get lost in, contemplative moralism.

Psychology has set the breaking point of the contemplative dimension, for example when in research-intervention it has been able to combine aspects of innovation, aspects of change and aspects of acting. Ethics, therefore, is to politicize the psychological philosophy of acting: the *change* that is proposed as *changing*, a path of identification of the action in the acting subjects. Any contemplation of knowledge loses the ontological dimension of action; in doing this it opposes the mechanism which sees the centrality of a new ability to intervene on the external world starting from its relationship with the internal world.

We want to insist on the connections between creativity, imagination, power and the possibility of subjectively playing with the “not yet”, as a way of coping with the catastrophes of meaning of contemporary community. This leads us to responsibility. In this undoubtedly unapocalyptic, though certainly disturbing scenario, what role, what mental space, what perspective of “crossing” does the *polis*, as a place-time of the “competent” and “responsible” coexistence, have? To cohabit is not to survive, it does not belong to the dimension of living beyond, but of living with others. Connivance is, therefore, a thought about the relationship with self and other, and with the groups that the other represents. The more recent debate on the structure and definition of groups could not help but tackle some epistemological questions concerning the group in its configuration as a “significator of the intelligible”. In an epistemological sense the group meets the *we* as a being *in itself* and not as the being *for itself* typical of inter-individual relationships. We have defined this as the ability of the group to place the *we* as the *fourth person singular*, a thinking other than the individual, dislocation and overcoming of individuality. A methodological approach which is very far from those who see in the group only a work or training tool, and which instead strives to overcome sociometric uncertainties and semantic confusions starting from the founding value that group thinking has in the epistemology and methodology that we propose.

The distinction between *thinking-as-a-group* and *group thinking* should not be considered either an artifice or a strange and original linguistic device, but rather a real cognitive episteme. In fact, *thinking-as-a-group* differs from the more well-known *group thinking*, because it refers to the original act of birth of a new and different type of thinking, what is called *dual thinking*. *Thinking-as-a-group*, on the other hand, refers to the concrete result, to actualization, to the possibility of consciously recognizing oneself in a product, the thought itself, the result of the complex pooling and subsequent sharing of individual thoughts.

Many researchers, facing the problems of leadership in groups, had had the merit of expanding group epistemology to the social and community dynamics, proposing the most innovative aspect concerning *group thinking as a form of group politics*. The *breakthrough of the political in the group* has allowed us to deepen some nodes of the psycho-dynamics of intersubjective and intrapsychic relationships, in particular as regards a theory of the grouping apex mind and the psychodynamic definition of emotional resonances itself.

The group, as an anthropologically founded space in which the conditions of the intersubjective relationship are actualized, is the mental space in which the dynamic of deconstruction of a saturated thought towards a thought of change can be acted out.

As is well known, the passage from the study of the one-to-one relationship (the couple) to the study of the complex relationships between three or more people (the group) represents one of the most revolutionary facts in the history of psychology; in fact, it implies a crisis both of the individualistic conception of human relations, and of the concept of personality traditionally based on an individualistic paradigm. Personality theories, in fact, have tried to place a coherent order between the different factors that contribute to the formation of personality structures. At the beginning of the experimental investigation, the researchers choice was to isolate independent traits in order to build the concept of “type”. All studies virtually oscillated between two models: an individualistic and a social one, long opposed to each other, and represented by the traditional psychoanalytic and behaviorial models, both based on the paradigm, or rather, on the individualistic prejudice.

In this sense, psychology has probably ended up becoming a victim of this prejudice, giving up, even in recent times, to apply to the reality of the community, to the *polis*, the new perspectives opened up by theory and by the theory of technique matured in the group context.

We refer to concepts such as those of the *transpersonal*, in its various articulations, which allow a more aware and targeted clinical-social operation, but also to working techniques with groups both in the organizational context (organizational diagnosis, institutional analysis, etc. ), and in the clinical-therapeutic field (the use of the group from cognitive to dynamic areas).

Psychology cannot renounce being a political science as it should and could be. Politics in the sense in which Plato could have understood it and in which we will try to understand it in this writing. A significant “sense” within a complex and comprehensive observation point. At a group and social level, psychology is the science of conscious and planned coexistence, of the competence to live together. This also means acknowledging that psychology can acquire tools and concepts capable of contributing to the political changes of a community and not only useful for interpreting it. From this point of view psychology has never ceased to play this role, but it has done so mainly in a minimalist sense. In other words, it has accepted to be the science of problems related to coexistence and the conflicts it determines, failing to propose itself, still properly, as the science of change, of planned transformations and, therefore, of the *Polis*.

The group epistemology, as a whole, has been able to cross the transition from interpretation to transformation: just think how ever so often the group (enlarged, in formation, training, focus) has been able to assume fruitful and stimulating roles for changes.

Authors such as De Marè, Brown, Hopper, propose us to think that the ability to detach oneself from events and to read their psychodynamics does not exclude the involvement produced by identifying with them. Wanting to influence events and be influenced by them: this is the breakthrough of political thinking in the group, the giving of a ground-space of encounter and ambivalence (the dynamic resistance-change). *Groups are not static realities*: they are born, they develop, persist, disperse. A group expresses a project, an enterprise, an adventure, a way of being together, which ask the researcher a complex series of questions, among which the one about *what is Us* is probably the most meaningful.

This question implicitly contains the need to arrive at a satisfactory *theory of bonding and coexistence* that psychology is still looking for. We do not have the ambition to propose a definitive one, but to expose the basic conditions that are able to indicate, in different application fields, some characteristics of the bond itself, trying to offer a contribution for the construction of an ever more complex and complete paradigm of the bond.

*Thinking of the group*, in conclusion, as *action, interpretation, transformation* of the processes of communication and exchange, which make the bond and coexistence possible at the same time determining them. Therefore, the idea of considering the group as a *polis* where the phenomenology of politics has the opportunity to reveal itself is not restrictive; it is appropriate to question the transition of the group subject from existence (family matrix) to coexistence (dynamic matrix).

The group not only lends itself to the knowledge of the contribution made by the social to the formation of the individual mind, but also to the opposite movement, in which subjectivity can confront itself with the social, with a thought of the *polis* that is thought of coexistence and dialogue with the other, with the value of diversity. *Group thinking is political thinking that engages with change through the resistance-transformation dichotomy*.

### THESIS FOR A PSYCHOLOGY OF THE POLIS

At this point, we would like to propose a synthesis of the reflection process advanced up to now.

#### Overcoming methodological individualism

Both ontogenetically and phylogenetically, the origin of psyche is groupal. The belief that the human being is constitutively individual is a prejudicial thought (individualistic prejudice). By “individualistic prejudice” we mean the risk inherent in the practice of the uncritical adoption of individualistically grounded interpretative vertices of reality and, in overcoming them, the possibility of recognizing the heterodeterminacy of identity and its consubstantial multiplicity, its “dividuality” ( to paraphrase Nietzsche). However, with this “dividualist” concept, we do not want to propose a vision of man as internally split and dimidiated, the other is not radically Other (in the Lacanian sense) but substantiates their Self as an internalized We. From this point of view, identification is the process underlying the construction of psychic identity. Specifically, from an inter-subjective (Stolorow, Atwood, 1992) and group analytic (Lo Verso, 1994) vertex, the human being prematurely internalizes relationships which, taken as a whole, establish what Napolitani (1987) calls “internal groupality”: “The internal groupality is the result of the internalization, through identifying processes, of the set of relationships by which the individual, from birth, becomes part as a personal element in a circularity of meanings and intentions” (Napolitani , Maggiolini, 1989). Elaborating the idea of the collective structure of the psyche means conceiving the processes of identity formation as the assumption, through identification with the inter-subjective and relational field of the social collective to

which one belongs, of the mental and affective traits of one's anthropological and cultural environment. We also want to underline the unconscious / conscious quality of the relational field which is precociously internalized: with relational, we do not refer to a communicative-interactive level but, rather, to a plot of implicit symbolic meaning which, while being part of the psychic field of the person, transcends and crosses it (transpersonal).

The idea of the collective structure of the psyche also implies the firm opposition to its biological or physiological concepts. The psyche is not bio-physio-logical, but has a historical-relational origin. Mental phenomena are representations of a metaphorical nature and cannot be reductively explained in terms of combination-interaction between physico-chemical elements; the same neurobiological substrate from which it originates (the brain) is peculiarly influenced by interpersonal and relational experience (Siegel, 1999).

### The man-context relationship

Mental events are therefore characterized by their essence as social events; the individual is already a social institution in itself; it transcends him in every sense. "Just as Athens is unthinkable without the Athenians, so social meanings are unthinkable without the individuals who embody them and whose psyche still escapes any attempt at integral domestication" (Barcellona, 1995, p.103). The *polis* has a sociohistorical characterization: intersubjectivity itself is a social institution and not "the simple agreement of the I with the you" (ibid.). Furthermore, there is no human / natural "before" and a social "after"; the human being is not opposed to the social collective, the two terms do not constitute an irreducible polarity nor are they in a dialectical relationship: the psyche is substantially social and groupal. The psyche cannot exist if it is not socialized: mental organization and social organization, internal world and external world reflect each other. Between the individual and society, nature and culture, there is no contrast or dualism, one permeates the other (Brown, Zinkin, 1994).

### Merits and limits of political cognition

Social psychology applied to politics, especially that of US matrix, has had the undoubted advantage of overcoming the contradictions of economic paradigms and rational choice theories, focusing instead on the cognitive processes involved in political and political attitudes in political participation (Catellani, 1997). *Political cognition*, however, in its excursion into the world of "scientific" guarantees, has not been and is unable to go beyond the methodological and epistemological constraints imposed by the models it has generated. In particular, the operationalization of phenomena

into variables, their manipulation and measurement, from a simply descriptive operation, tends to become an explanationist investigation, implying as postulate the existence of objective phenomena as such or, in any case, as an abrupt epistemological shift towards the pre-eminence of consciousness. Consequently, the experiments presuppose that things happen in a deliberate and voluntary way, and that the experimenter is able to read the mind of those who participate in them (Moscovici, 1993). Proceeding through "clear and distinct ideas" is also achieved through the clearance of the Freudian unconscious towards a merely functional dimension (the "automatic cognitive processes") and not already constructive (unconscious as a mental organizer providing meaning to the experience, *facultas signatrix* - Fornari, 1978). Downstream of all this, thinking about the action of the individual in society in terms of a cognitive representation of the world beginning with an isolated thinking leads to reducing the relationship between individual and context to an inarticulate relationship between two immeasurable entities.

### Psychology and politics: from the socio-cognitive choice towards a psycho-socio-dynamic option

The main limitation of the models of social knowledge applied to politics probably lies in placing aspects such as symbolic communication, social representations and collective actions outside their own field of investigation. What we want to suggest is an observational context in which, rather than "explaining" phenomena, we aim at a search for the relationship and meaning of the social to be reached through the (Diltheyan and Jaspersian) principle of *Verstehen*. In this process of understanding, society is not a mere study object but a living subject systematically immersed in a highly reciprocal relational field. There is no contrast between social and individual (as already guessed by Freud in 1921), but rather between relational and narcissistic, where however, unlike in Freud, such antithesis does not refer to the object of supposed drive energies; rather, it should be emphasized that a psyche is given to the extent that there is relationship and intersubjectivity: psychological existence is intrinsically linked to an access to the relational world, to a process of socialization. From this point of view, the only possible opposite term of "relational" is "non-being".

In our opinion, in fact, reading social facts from a psycho-socio-dynamic vertex means focusing one's own attention on unconscious affective structures that connote social sense and meaning, with respect to which the cognitive semantic field is "commensal" (Fornari, 1978). Again, it means reading social and political phenomena as the realization of a transpersonal process and conceiving a multipyschic and transformative subjectivity, the

potential bearer of a mental space that looks to planning, to thinkability and to the realization of transformations of the state of present things (the so-called “political-environmental” level of the transpersonal, Di Maria, Lavanco, 1991).

### From a subjugated psychology to a psychology that serves

The adoption of a psycho-socio-dynamic group-analytical vertex also implies freeing oneself from the constraints and static nature of a contemplative type of knowledge in order to engage in the construction of a transformative knowledge; in this sense, a psychology “for” politics can only be clinical, where “clinical” has nothing to do with the attribution of diagnostic labels to the ills of society but aims to promote the use of one’s own cognitive “probes” to the emotions of daily life and which lead to a “responsible awareness of groupality” (Pagliarani, 1985). From this point of view, psychology itself takes on a specific political responsibility (Di Maria, 2002; Di Maria, Lavanco, 2004; Di Maria, Lo Piccolo, 2005b). What is at stake is not a content to be changed, such as the substance and function of social institutions, but rather the profound relationship with the ways of knowing, our mental organizations, and the institutions

themselves; a change in the present state of things also implies, and in the first place, a radical change in scientific work. Psychology, in this sense, can make a contribution to politics insofar as it is able to promote, within *polis* citizens, a reflective and participatory (and not reflective and static) action, a transition from the relations of dominion / antagonism between people and groups to relational exchanges based on exchange and symmetrical reciprocity (Maggiolini, 1998).

Unavoidably this project has an ethical tension. An ethic not founded on a relativistic disengagement, nor on an ideological definition of just and unjust, but “an ethic of social well-being”, which is to say, the ability to go beyond prejudice and to build spaces of citizenship and relational value (Di Maria, 2002).

In line with these considerations, the thought of Castoriadis (1978, p.75) still seems alive and current forty years later: “There is no politics of science and no science of politics, except, in both cases, as a mystification or manipulative pseudotechnics. There is only, there must be, thought politics and political thought, and this is what the times are asking for”.

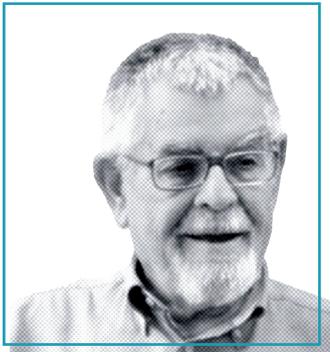
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## Inevitable desconcierto ante la elección de un modelo psicoterapéutico

### An inevitable bewilderment before choosing a psychotherapeutic model



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#### Resumen

Desde el comienzo de la vida, la enfermedad aparece omnipresente entre todos los seres vivos. A partir de aquí, nacieron tres vías primitivas de curación: la curación por la palabra, la curación con la intervención sobre el cuerpo y la influencia a través de la sugestión.

Actualmente, los importantes cambios que suceden como producto de la evolución cultural, de los intercambios científicos y de los procesos migratorios, obligan a un replanteamiento de la labor del psicoterapeuta. En ocasiones, la supuesta capacidad como herramienta terapéutica suele apoyarse en argumentos que esconden sobre todo una actitud creencial, suponiéndose que ello implica un suficiente soporte epistemológico. Lo que obviamente no es cierto.

El psicodrama nace de una comprensión grupal de los seres humanos, apoyándose en un modelo científico pragmático que toma en consideración todos los procesos de comunicación general que ocurren en la interacción entre los seres humanos, incluyendo el lenguaje verbal, el lenguaje no verbal (y dentro de él, el paralenguaje), y el contacto físico, teniendo en cuenta también la topología y la proxemia.

Un psicodramatista ha de tener en cuenta a todas las personas que conforman el núcleo relacional del sujeto en terapia, es decir, sus subgrupos de pertenencia y, aún más allá, el espacio social en que se desarrolla su vida, trabajo, amistad, deportes, etc., como "personajes imprescindibles" cuando se contempla al sujeto en su dimensión de pertenencia social y cósmica. También la extensión de su acción en el espacio, ya que partimos de que en el aquí y ahora están presentes de modo inevitable todo el pasado, el presente y los posibles futuros.

"Los para qué en sustitución a los por qué", la terapia de la finalidad, toma fuerza como un modelo independiente más que como una formalización técnica de la atención del terapeuta, centrándose no tanto en el origen histórico de los cuadros patológicos, como en la atención a los factores del mundo interno del sujeto que entablan la lucha entre la posición patógena y la salutógena.

La extensión de lo que trata el psicodrama, rompe las barreras de los espacios habituales que interesan en un tratamiento, cuando el psicodramatista en un impulso valiente puede transgredir el hoy y se atreve a dar un tremendo paso adelante insertando su intervención en lo que denominamos transpersonal y también en lo trascendente.

#### Palabras clave

Psicoterapia, Terapia de la finalidad, Psicodrama

#### Abstract

Since the beginning of life, disease appears to be ubiquitous among all living beings. Confronting this, there were born three primitive ways of healing: healing by words, healing through intervention on the body and by influencing through suggestion.

Nowadays, important occurring changes due to the product of cultural evolution, scientific interchanges, and migratory processes force the need for rethinking of psychotherapist's task. From time to time the claimed capacity of a therapeutic tool is usually based on arguments that hide, above all, a belief attitude, assuming that this by itself implies a sufficient epistemological support. This is obviously not true.

Psychodrama arise from the group comprehension of human beings, leaning on a pragmatic scientific model that takes into consideration all the communication processes occurring in the interaction between human beings, including verbal language, non-verbal language (and within it, the paralanguage), and physical contact, also taking into consideration topology and proxemics.

A psychodramatist takes into account all the people who build the core relationship of the subject in therapy, that is, their belonging subgroups and, beyond them, the social space in which their life, work, friendship, sports, et cetera take place. All of them become "essential characters" when the subject is envisioned in its social belonging and cosmic dimension. It's also accountable the extension of its action in space, since we start from the fact that in the here and now, the past, present, and possible futures are present in an unavoidable way.

"What for replacing the why", the purpose therapy, strengthen up as an independent model more than as a technical formalization of the therapist's attention, focusing not so much in the historical origin of pathological pictures, paying attention to the subject's internal world factors that links with the struggle between the pathogenic and the salutogenic positions.

When the psychodramatist on a brave impulse can transgress the time and dares to take a tremendous step forward, the extension of what psychodrama deals with breakdowns the usual spaces' barriers of the nowadays, introducing his intervention in what we call transpersonal and also in the transcendent realm.

#### Keywords

Psychotherapy, Purpose Therapy, Psychodrama

Desde el comienzo de la vida, la enfermedad aparece omnipresente entre todos los seres vivos. Los mamíferos, tanto a nivel individual como en sus manadas, se han enfrentado a sus sufrimientos físicos, y también emocionales, en su proceso de supervivencia. Ellos fueron los que crearon gran parte de las vías de tratamiento del enfermar. Cuando contemplaba los documentales en los que se mostraban las maniobras “curativas” de los chimpancés, me sorprendía de lo cerca que estaban de unas conductas terapéuticas que nos remiten a lo que aprendemos hoy en las facultades de medicina.

Me vienen a la memoria algunas anécdotas que tienen relación con lo que he afirmado en el párrafo anterior.

Un chimpancé que ha caído de un árbol y queda tendido en el suelo al parecer muerto, no respira. Otro chimpancé se acerca y le golpea angustiado en el pecho con el puño, buscando que reaccione. De esta manera logró mi mujer devolverme la vida cuando sufrí una parada cardiocirculatoria. Ella no conocía este acto como vía médica para sacar a la persona de su parálisis, actuó de un modo tan instintivo como el chimpancé de la anécdota anterior.

En otra ocasión, en otra manada de chimpancés, ocurrió un accidente parecido a un individuo de la manada. Estaba inconsciente, un compañero se acercó a hablarle al oído, claro está que no pude saber qué le dijo, pero aquellas palabras le devolvieron a la vida. Podría multiplicar los casos que he recogido de los naturalistas, de mis observaciones y de mi visionado de documentales. Una y otra vez pude contemplar como un animal herido lamía las heridas de un compañero y, al no cesar la hemorragia, tomaba unas hojas y las utilizaba como vendaje. No sólo los animales, también los homínidos, se iniciaron de modo espontáneo en una búsqueda de vías terapéuticas y de tratamientos de las enfermedades para tratar de ayudar a sus congéneres heridos. Se han encontrado cráneos en los que se practicaron orificios, es de suponer que para evitar la presión del cerebro inflamado o para acceder a un posible meningioma. Pero donde la palabra se inserta en esta historia con la que me estoy comprometiendo, es en el espacio de relación con los dioses o con sus representantes, “la palabra que cura”, el hábito amoroso del dios que penetra en la mente del sujeto y le libera de sus pecados, causa de su enfermar. La liberación de los pecados comenzó muy pronto a convertirse en una vía privilegiada de tratamiento, no sólo de los males emocionales, sino incluso también de los males físicos. Para algunos no bastó la palabra, había que recurrir a introducir vías físicas, por ejemplo, los baños de los templos de Esculapio, el ejercicio físico en el mundo ateniense y así otros muchas vías o intervenciones.

A partir del párrafo anterior podemos delimitar diversos caminos que surgen ya como vías primitivas del curar. Estas son: la curación por la palabra, la curación con la intervención sobre el cuerpo a través del ejercicio, la movilización, etc. y la influencia a través de la sugestión. Son tres vías que han dado origen a los caminos de la psicoterapia actual.

### CURACIÓN POR LA PALABRA

Ante el animal herido o enfermo su compañero le llama, le ruega que le conteste, que muestre que está vivo, o al menos que desea revivir. La palabra es aquí el soporte de la conciencia y poder hablar, ser consciente, significa agarrarse a la vida. La palabra del enfermo se encuentra con la palabra del curador. Ambos han tenido que conocer la profundidad del enfermar, los abismos del mundo negativo y la luz de la verdad, del bienestar. En el camino de formación del chamán este tiene que penetrar en primer lugar en el mundo de la oscuridad, en el submundo. Para lo cual se han utilizado varias vías, una de ellas es permanecer en una cueva oscura, solo, durante un tiempo determinado y suficiente. Otra opción es envolver al postulante en la piel de un gran animal que se cose y permanece semienterrado el tiempo que marque el modelo que se sigue. Pero hay que subir a la luz, y esto se hace trepando por el árbol sagrado, por una escala de gato o por un tronco en el que se han tallado siete o nueve escalones, significando cada uno de ellos un paso más en el encuentro con la perfección interna, hasta llegar a la cúspide, la estrella de la luz.

De un modo metafórico, en la mayoría de los modelos verbales se transita por estos mismos caminos necesarios para el encuentro consigo mismo y con lo profundo. El sujeto toma contacto y revela sus más recónditos deseos, lo más prohibido y perverso que percibe en su interior para, en segundo lugar, intentar transitar por las vías de la perfección.

En los caminos descritos el sujeto puede encontrarse solo en su búsqueda de descubrirse o ayudado por un sujeto que toma el rol de oficiante, sacerdote, conocedor de la verdad. Para ocupar este puesto, que significa un superior conocimiento, una posición elevada sobre el resto de los mortales, debe de haber pasado por un proceso de formación personal. Ya en su papel de curador, u oficiante del proceso curativo, este sacerdote utilizará diversos lenguajes, podrá referirse a los misterios de la religión o camino de sabiduría en el que se apoya, podrá significarse como vocal de los dioses o, en una postura más profana, de estudioso y experto en el conocimiento del alma humana, en intérprete o traductor de lo que el sujeto, paciente, le transmite.

Otra vía es la de los oráculos, que era el mensaje o la respuesta que las pitonisas y sacerdotes daban en nombre de los dioses a las consultas y peticiones que los fieles les formulaban. También el lugar sagrado donde se acudía para consultar a los dioses. En este camino el sujeto enfermo, emocional o físicamente, pide la ayuda de los dioses y la recibe a través del oráculo de la pitonisa o su equivalente, que le aporta lo que aquellos opinan de lo que le ocurre y le sugieren los caminos a seguir.

En ambos casos descritos en los párrafos anteriores aparecen el personaje del que podíamos ya denominar enfermo o sufriente y el personaje que oficia de curador, puesto que ha conseguido por su preparación o como vocal de los seres superiores. En las terapias verbales seguimos ahí.

### ACTUANDO SOBRE EL CUERPO

Ya al tomar el camino de la curación por la palabra, comenté que en ocasiones el curador se ocupa del cuerpo tomando como objetivo la totalidad que incluye la palabra. Esta sencilla novedad significa un cambio radical en los caminos para curar. Se ha pasado de limitarse a confiar en la palabra propia, o de los dioses, a tratar al cuerpo. Partir de intervenir sobre o con el cuerpo, significa aceptar al ser humano como totalidad. En este campo de intervención nos encontramos con unas amplias posibilidades de tratamientos, llámense o no psicoterapias. Aquí toman cuerpo la bioenergética desarrollada por Lowen y otras terapias corporales. También algunas vías del yoga, gimnasia terapéutica, pilates, la técnica Alexander, etc. y muchos otros modelos, como las artes marciales orientales que A.A. Schutzenberger incluye en su libro sobre nuevas terapias grupales.

Si añadimos a los modelos que hemos nombrado en los párrafos anteriores la infinidad de vías terapéuticas que se han creado a lo largo de los últimos decenios como las flores de Bach, la gemoterapia, la terapia geotermal, masajes, etc., el catálogo de caminos que se incluyen en las “psicoterapias” se ha multiplicado.

### UN SUPUESTO MANEJO DE LA MENTE

Quiero introducirme en aquellas terapias que se fundamentan en el manejo de la sugestión en un sentido amplio del término.

El referente conocido que tuvo más relevancia del uso de la sugestión es el mesmerismo, con la convicción de que se trataba, en realidad, de un fenómeno biológico. En la

actualidad defendemos que en todo el tratamiento de lo que llamamos psicoterapia subyace de modo inevitable la sugestión, la aceptación creencial de que lo que se está manejando es algo que está ocurriendo a nivel biológico. El rechazo radical de esta postura se hundió cuando Giacomo Rizzolatti demostró la existencia de las células espejo, lo que abrió un camino, todavía no explorado en su totalidad, hacia formas de comunicación entre los seres humanos que se escapan a los conocimientos racionales, aceptados, del funcionamiento del sistema nervioso.

La hipnosis, en sus distintas modalidades técnicas, continúa utilizándose con cierta frecuencia y, sobre todo, hay que aceptar que en prácticamente todos los modelos de trabajo terapéutico en el fondo aparece el fenómeno de la sugestión.

Los importantes cambios que suceden como producto de la evolución cultural, de los intercambios científicos, de los procesos migratorios, obligan a un replanteamiento de la labor del psicoterapeuta.

La mayor parte de los modelos psicoterapéuticos que hemos descrito se han desarrollado desde la práctica de la terapia individual, quizás por la influencia del psicoanálisis. Sin embargo, alguno de ellos como el psicodrama, nacieron de una comprensión grupal de los seres humanos. Recordemos a Moreno insistiendo en que el ser humano nace en grupos, crece y se desarrolla en grupos y desarrolla su vida de relación y de trabajo en el seno de distintos grupos. Esta concepción de lo humano partiendo de una visión grupal se ha extendido también por la sociología, teniendo por otra parte sus raíces en estudios sobre grupos de animales como la manada de chimpancés tan próximos a nosotros y otros animales. El autor citado hace nacer las psicoterapias, incluida la individual, de lo que ocurre en el seno de los grupos. En su conocido libro, *Las bases de la psicoterapia*, desarrolla algunos casos de psicoterapia individual partiendo de una concepción grupal (véase el caso Hitler).

Cuando en el apartado número dos me centraba en las terapias que tienen en cuenta de modo inmediato el cuerpo, hubiera podido referirme al psicodrama como paradigmático de esta posición. De hecho, a nivel científico, el psicodrama se apoya en un modelo científico pragmático que toma en consideración no sólo la palabra como vía de comunicación fundamentalmente verbal, sino todos los procesos de comunicación general que ocurren en la interacción entre los seres humanos, que incluyen el lenguaje no verbal (y dentro de él el paralenguaje), el contacto físico y la

toma en consideración de la topología y la proxemia. La comunicación entre paciente y curador utiliza por tanto todas las vías posibles de comunicación interpersonal.

Al mismo tiempo se parte de que toda terapia, aunque se llame individual, bipersonal, diádica, etc., significa para un psicodramatista tener en cuenta a todas las personas que conforman el núcleo relacional del sujeto en terapia, es decir, sus subgrupos de pertenencia y, aún más allá, el espacio social en que se desarrolla su vida, trabajo, amistad, deportes, etc., como “personajes imprescindibles” cuando se contempla al sujeto en su dimensión de pertenencia social y cósmica.

Las preguntas que surgen ante esta especie de revolución biosocial nos aportan un número muy variado de respuestas, en muchos casos con un aire de novedad en los procesos sociales y culturales. Voy a detenerme en alguno de estos factores. Todo ello nos obliga a tener en cuenta los específicos modelos de pensamiento y acción de los que partimos en un modelo determinado de terapia, si no es así, la consecuencia suele ser una confusión del terapeuta en su manejo de lo que ocurre en el proceso terapéutico. En Psicodrama solemos alegar que lo que surge en nuestro trabajo es la verdad del sujeto o sistema, pero podemos añadir que integrar en el proceso factores que afectan a la forma de vida, a la moral, a la ética y, desde luego, a la actitud práctica de cada día desde parámetros tan diferentes a los acostumbrados, no ya en el modelo técnico sino en el modelo de vida en un sentido amplio, puede crear momentos de confusión en ese intercambio profundo que existe durante el trabajo psicodramático entre el sujeto y el terapeuta.

Me he referido a la inevitable elección de un modelo determinado para la práctica del tratamiento psicológico, o debería decir psicosocial y psicosomático. Quiero dejar claro que mi elección es la del psicodrama, que maneja desde las herramientas de tener en cuenta los fenómenos biológicos que vive el individuo, la extensión a todos los sistemas de su entorno, a la utilización de todas las herramientas que nos aportan su cuerpo, desde la palabra a la interacción, la extensión de su acción en el espacio, su consideración del espacio-tiempo que toma en cuenta los fenómenos que provienen desde el origen de la especie humana, ya que partimos de que en el aquí y ahora están presentes de modo inevitable todo el pasado, el presente y los posibles futuros.

La extensión de que se ocupa el psicodrama, rompe las barreras de los espacios habituales que interesan en un tratamiento, cuando el psicodramatista, en un impulso valiente puede transgredir el hoy y se atreve a ascender un escalón y dar un tremendo paso adelante

insertando su intervención en lo que denominamos transpersonal y también en lo trascendente.

Tras defender mi elección del psicodrama alegando su extensión y profundidad no puedo menos que detenerme en un factor que está cambiando de modo muy rápido, que es el sujeto o sistema con el que se ejerce un determinado modelo. Nos encontramos en los últimos decenios con una ruptura de los cauces y modos habituales de ser y estar, apareciendo nuevos modos de identidad en el individuo y a partir de aquí en todos los sistemas constituidos por el encuentro de un número X de individuos.

Recordemos que la identidad personal junto con la identidad social como vivencia del sujeto sobre sí mismo y la que tienen los demás de ese mismo sujeto, nacen desde la aceptación de lo vivido en la cultura, desde los comportamientos biológicos hasta los sociales y culturales de todo tipo. La interiorización de lo nuevo en todos estos terrenos se constituye al final en un desconcierto, en no saber quién, cómo y para qué soy y en cómo puedo aceptar al otro.

En último término, es inevitable tener en cuenta los desacuerdos que aparecen tanto entre los modelos de lo que llamamos ciencia y los modelos técnicos que manejamos en la práctica. Para cada profesional, los modelos científicos que no son el suyo son objeto de la crítica para demostrar su inoperancia, su incapacidad de expresar lo que sería la verdad de la ciencia. Lo mismo ocurre con los desacuerdos que llegan en los distintos foros profesionales a profundas luchas, desautorizando y criticando no sólo la práctica de los modelos terapéuticos ajenos sino la aceptación de su fundamento.

A partir de aquí nos interesa profundizar en una serie de puntos fundamentales de cara a la decisión de inclinarnos por la elección de una u otra vía terapéutica. \* Ante todo, deberíamos colocar la supuesta capacidad como herramienta terapéutica. En segundo lugar, el modelo científico en que se apoya y los argumentos que sustentan la teoría de aquella práctica y las posibles sinergias entre dos o más de los modelos.

La práctica de alguno de los modelos anteriores se ve enriquecida por su sinergia con otras vías, por ejemplo, el psicodrama en su sinergia con el modelo sistémico. También en diversos terapeutas se ha llegado al encuentro entre el psicoanálisis y el psicodrama.

El modelo creado por nosotros de las relaciones de poder se infiltra con fuerza no sólo en el psicodrama sino en gran parte de los modelos terapéuticos. Sin llegar a ser

en plenitud un nuevo modelo, la terapia de la finalidad, “los para qué sustituyendo a los por qué” toma fuerza más que como un modelo independiente, como una formalización técnica de la atención del terapeuta, no tanto en el origen histórico de los cuadros patológicos cómo en la atención a aquellos factores del mundo interno del sujeto que entablan la lucha entre la posición patógena y la salutógena.

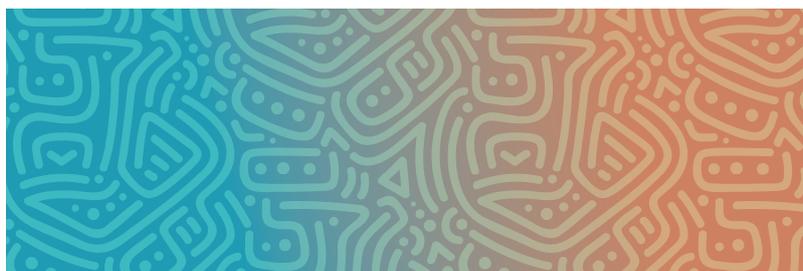
La tremenda variedad de ofertas de distintos caminos, tanto para el psicólogo formado como para el profano que hace una formación en alguno de los modelos que están en oferta, pueden terminar siendo una fuente de confusión para los que persiguen formarse en un camino de reconocida capacidad terapéutica. A partir de aquí surgen los debates sobre los fundamentos científicos, la utilidad práctica y la profundidad de la formación según los distintos modelos. Se recurre a la supuesta autoridad de expertos como Popper, recordando a aquellos que critican al psicoanálisis las palabras de este autor negando que este modelo pudiera ser científico puesto que no admitía una falsación eficaz. El psicodrama por su apoyo científico en el modelo pragmático ha sido tachado de excesivamente práctico y carente de la base de una teoría profunda. Así todos los modelos pueden ser sometidos a la crítica con la consecuencia, al final, de

que en su valoración y su elección personal dependen en gran parte de factores creenciales, de aceptación popular y de su capacidad de obtener beneficios en su práctica.

Un fenómeno a considerar en relación con la mayor o menor aceptación de uno u otro modelo es su posición como paradigma de un momento determinado. Cuando nace un nuevo modelo que alcanza un nivel de aceptación suficiente, se constituye como un nuevo paradigma. Las sucesivas aportaciones de los seguidores de este paradigma hacen que éste siga creciendo en una cada vez mayor aceptación general. Parece consolidado el nuevo paradigma, pero en este momento comienzan a arreciar las críticas de los que apoyan otro nuevo paradigma con lo cual el anterior comienza a decaer en su aceptación, aunque suele dejar un recibo aprovechable. Es algo parecido al sabor que deja un buen vino del sur en la boca después de haber dejado de beberlo.

Ante lo anterior caben dos posiciones, la primera es quedarse estúpidamente sonriente saboreando ese último residuo de lo que ha habido, la segunda opción es armarse de valor y volver a introducirse en la confusión que nos aporta esta realidad, decidiéndose por cualquier elección concreta que siempre podrá ser el centro de múltiples críticas.

\*La supuesta capacidad como herramienta terapéutica suele apoyarse en argumentos que esconden sobre todo una actitud creencial, suponiéndose que ello implica un suficiente soporte epistemológico. Al repetirse el mismo proceso intelectual cuando nos detenemos en la elección de cualquier modelo práctico nos encontramos con que cualquiera de ellos recibe las críticas de todos los otros modelos. Alguno de los puntos que se utilizan para defender una determinada elección puede ser científicamente aceptado, pero no así en la totalidad, en el conjunto de las bases que se aportan para defender aquel modelo.



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## Identity and personality disorders in group analytic psychotherapy

## Trastornos de personalidad e identidad en un grupo de psicoterapia analítica



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### Abstract

The phenomena inherent in the organization of personality and its constitution of identity in group dynamics starts from an accurate theoretical study that translates into a punctual system inserted in the clinical application context. The epistemological and methodological framework, following the neotenic and the biopsychocultural models that place the clinical and intervention perspective within the matrix and the group experience, connects the most advanced scientific studies of an anthropological, neuropsychological and psychodynamic nature. The group discovers and shows the double imaginary (the symbolpoietic and the etiological) as a manifestation of creative dynamics and what is called malignant narcissism. The therapeutic Group offers us a cross-section of the whole of humanity, biologically linked to an endless childhood, whose future is decidedly uncertain, due to an omnipotent "adultomorphic" armor that denies the Other and endangers the very life of the other creatures of our planet.

### Key words

Identity, symbolpoietic imaginary, personality disorders, neotenic matrix

### Resumen

Se plantean las posibilidades que las Los fenómenos inherentes a la organización de la personalidad y la constitución de su identidad en la dinámica de grupo parten de un estudio teórico preciso y de su traducción en un sistema determinado que se inserta en el contexto de la clínica. Este marco epistemológico y metodológico enlaza con los estudios científicos más avanzados de carácter antropológico, neuropsicológico y psicodinámico, siguiendo los modelos neoténico y biopsicocultural que sitúan la perspectiva clínica y de intervención dentro de la matriz y la experiencia grupal. El grupo descubre y muestra así el doble imaginario (el simbolismo-poiético y el etiológico) como manifestación de la dinámica creativa y de lo que se denomina narcisismo maligno. El Grupo Terapéutico nos ofrece así una muestra representativa de toda la humanidad, biológicamente ligada a una infancia sin fin cuyo futuro es decididamente incierto, debido a una omnipotente coraza "adultomorfa" que niega al Otro y pone en peligro la vida misma de las demás criaturas de nuestro planeta.

### Palabras clave

identidad, imaginario símbolo poiético, trastornos de personalidad, matriz neoténica

## INTRODUCTION

According to the guidelines of the DSM<sup>11</sup> personality disorder refers to a structure of articulated characteristics of the personality and processes that can be statistically attributed to members of a population. Such structure is given by rigid and non-adaptive personality traits, which cause a significant impaired functioning in cultural contexts, at the level of interactive processes with other people. Those difficulties may be associated with symptomatic complications.

1. In the last seventy years, personality disorders have been elaborated several times by the diagnostic and statistical manual of mental disorders of the American Psychiatric Association.

In the 1952 revision of the psychiatric nomenclature inherent to the DSM, personality disorders were similar to character disorders according to the conceptual paradigms of Adolph Meyer, characterized by the notion of "reaction type": they were grouped into the following items: 1. structural disorders of weight (character); 2. disorders of emotional personality traits and sociopathic disorders of the personality. In the 1968 review (DSM2), the spectrum of disorders widened greatly, to include non-psychotic disorders and forms of malfunction of conduct, which emerge in adolescence and stabilize in adult life. A negative type of behavior for the self and others was stated. It is in the analysis of the paranoid personality that, for the first time, the relationship between personality disorders and affective family models, agents in the identification processes, was highlighted. In this sense, the family group, especially at the level of the parental couple, takes the characteristics of a pathological matrix. In DSM III (the third edition of the DSM published in January 1980) the definition of personality traits is revisited, in terms of constant ways of perceiving, relating to and thinking about the environment and oneself and we can observe a first comparison between the affective dimension of the personality tract and the Jungian notion of complex. In DSM IV personality disorders assume the characteristic of implying the dimension of the internal world, which presents itself in decisional dystonic modes with respect to the dominant culture. In DSM V personality disorders are divided into three groups: paranoid, schizoid, schizotypal, antisocial, borderline, istrionic, narcissistic avoiding, addictive, obsessive-compulsive.

The Psychodynamic Diagnostic Manual<sup>[2]</sup> has elaborated the notion of Personality Disorder differently, implanting a real Psychodynamic Descriptive Psychiatry. The assumptions that guided the drafting of the Manual are oriented around the concept that the personality represents the context within which psychopathology develops and takes on its meaning. From this point of view, it is of fundamental importance to analyze the articulation of identity in order to consider the type of organization it assumes at a personological level.

Personality and the related disorders do not exclusively concern a particular sector of psychopathology, but, in a broader conception, concern the stable modes of thought and the system of existential values of a person. In other words, the Manual is focused on features of the person more than on those of the disorder.

In this sense, the approach perspective involves a much broader and more complex area inherent in the multidimensionality of the person, including the wounds and defenses that have arisen in the course of their existential development.

Based on this prototypical perspective, the behavioral expression of identity moves on a continuum that proceeds from healthy to psychotic organization, thus including neurotic and borderline organization. This is the assumption on which Otto Kenberg's approach is based, in a continuum between healthy and pathological that is divided into three fronts: neurotic, borderline and psychotic. The criteria that identify and differentiate membership in one or another organization concern identity, in terms of dissemination or integration of identity. The first is characterized by a sense of inner emptiness and makes the experience of oneself discontinuous.

Otto Kenberg introduced the malignant narcissism syndrome which can be considered the specific pathology of the collective. It is a transversal syndrome of the organization of the personality as it embraces all the complications of narcissism, affecting the narcissistic personality disorder and the antisocial one, then focusing on the paranoid and sadistic traits of the personality disorder.

The PDM2 - Childhood and Adolescence is aimed at the 0-18 years age group, expanding on the problem of the evolution of personality disorders during childhood and adolescence. In particular, in the evolution of personality in preschool age (especially when language skills have not yet been developed), the study of family matrices and the related transgenerational cultural horizons becomes crucial for the purposes of identity articulations. We are in the area of cultural models in reference to the "in-culturative" role, exercised by the family in childhood experiences.

In the spring of 1936, under the direction of Abraham Kardiner, a series of seminars began at the Psychiatric Institute of Columbia University aimed at comparing the psychoanalytic metapsychological construction with the theoretical heritage provided by cultural anthropology, relating to the study of cultural variables and their impact on the development of the personality. Participants in these seminars included scholars such as Ralph Linton, Ruth Benedict, Geoffrey Gorer, and Cora du Bois. The research of anthropologists and psychoanalysts gave rise to the so-called Rubric of Culture and Personality.

With the term of "Basic Personality", the Anthropological School of Culture and Personality indicates entities ranging from the group to the tribe, from the modern state to a cultural area or to a civilization as a whole. The "Basic Personality" can be described as a universe of psychic representations invested within a cultural area, and can be defined in terms of interactive behaviors. Examples of Basic Personality analyzed by Geoffrey Gorer and Ruth Benedict are the Russian personality and the Japanese personality.

#### FROM THE GROUP TO THE IMAGINARY: THE SYMBOLPOIETIC AND ETIOLOGICAL DYNAMICS IN THE CREATION OF IDENTITY

Identity is the continuation of the psyche, thanks to memory, over time, which can be transmitted from generation to generation, so that the basic personality of a subject, in its development, carries within it all the influences of the family past. This original identity constitutes the affective basis of the ways of being, thinking and acting of the basic personality, predisposed by the family psychic field as a basic device of affective significance.

Margaret Mead hypothesized an interpretation of Culture in terms of historically modeled systems that each individual, at the generational level and throughout his life, contributes to reinterpreting its forms. An innovative position with respect to the studies of 'Culture and Personality' is due to Erik Erikson (Menarini R., 1982) who came to apply the notion of cultural identity to national states. Speaking of the interdependence between culture and personality, he discovered the emergence of conflicts due to historical processes of change (diachronic study of culture) that produce a loss of cultural identity. Crucial examples are wars, epidemics and racist nationalist ideologies. In the field of Analytical Psychology, Hans Dieckmann developed a theory of complexes, according to which the latter include groups: for example, the

2. The PDM 2 describes 12 personality syndromes: depressive, dependent, anxious-avoidant and phobic, obsessive-compulsive, schizoid, somatizing, hysterical, narcissistic, paranoid, psychopathic, sadistic and borderline.

complex of nationalistic magnitude or the ethnocentric and racial one. In this context, we can argue that the ideological imagination has a complex basis. It is a vision of the complex as a group personality disorder.

The structural analysis of the system responsible for the assimilation and transmission of culture (system of personality) must address the problem of inculturation. The basic cultural unit is the family identity for which in each individual there is a substrate created by the family environment of their childhood (family matrix), which will produce defensive reactions by mobilizing projective systems.

Anthony Wallace (1961) defined a particular deductive method, through which it is possible to combine ethnological description with psychological analysis. In this sense, history, folklore, myths, legends, religious rites and the economic relations of a cultural group are interpreted as if they were psychic productions of an inner world aimed at redefining cultural identity. The family acts in transforming the transgenerational culture into cultural identity, while the personality carries out the task of structuring the collective imagination. Cultural identity is defined as the way in which people orient their behavior. The personality of individuals can take many forms, but these forms have a close relationship in common with the psychic foundation of group culture. According to Kardiner, the basic personality structure does not correspond to the total personality of the individual, but to his projective systems, which are the basis of the configuration of subjectivity, thus promoting identification functions. The projective system created by the inner world fits into the culture of belonging, having the psychological capacity to stage it, founding new cultural themes. The projective systems will form the cultural themes of the imaginary<sup>[3]</sup> that are the basis of the “symbolopoietic imaginary”, inherent in the construction of one’s own subjective identity through the inner world. The term ‘symbolopoietic’ refers both to the symbolic dimension of the inner world and to the poesis. The defense mechanism that allows one of a projective system to constitute itself as a symbolopoietic imaginary is sublimation<sup>[4]</sup>. The defense mechanism of negation is instead the prerogative of an etiological or ideological imaginary.

The Middle Ages stood out as an era particularly invested

by symbolopoietic imaginary. From the 6th to the 14th century, this imagery became the eye of an inner world aimed at the perception of the mystery of the psyche’s identity. In “De Genesi ad Litteram” St. Augustine visualizes the imaginary as a set of all existing things considered as “Signa” that refer to the image of the Creator understood as the “Sapientia” of Creation.

In psychological terms, all this means that the universe of created events (psychic events), which pass through the person, are the origin of symbolic knowledge.

Symbolicity is not a property of the act but of the ways in which the act is conceived in the inner world. In “De Trinitate”, St. Augustine establishes a difference between creative imaginary and arbitrary and false imaginary. In the latter, the images are experienced as real. In “De Civitate Dei”, this false imaginary can rise to the personification of Evil, as an expression of Power and Mass, deceiving the senses of men with false appearances, doing real imaginary things (Agostino, op.cit, Book XX, chap. 19). This demonic personality, which I have called etiological narcissism since it is the foundation of all personality disorders, constitutes the maximum exasperation of narcissistic closure.

According to Erich Fromm it represents “the quintessence of evil” and corresponds to the personological portrait of Adolf Hitler. It is malignant narcissism, a deep abyss of the destructiveness of our species. Malignant narcissism is characterized by simple emotions: hatred, resentment, revenge, victimhood, joy at the suffering of others. Often the original family is highly depreciated so that the Child is replaced by the ideation of an unborn Child, as frozen by the pathological narcissistic structures of the adult that block the birth of identity.

A particular form of malignant narcissism is the “inferior narcissism” of infanticide (R. Menarini, V. Montefiori 2013). It is a phenomenon that has always been present in the history of humanity, practised in the past in the form of ritual sacrifice and then developed due to a deformity of the infant or for the demographic control of girls. In reality it is not a phenomenon that is now extinct, since in the 21st century, in Italy, every year, on average, fifteen children die, killed by their mothers.

In 2010, within the Judicial Psychiatric Hospital of Castiglione delle Stiviere in Mantua, I carried out some analytical group research with two colleagues, Valentina Stranges and Veronica Montefiori, on a group of

3. Dante Alighieri, in Purgatory, gives us the first intuition of the concept of ‘imaginary’. *“O immaginativa che ne rube talvolta si di fuor, ch’ om non s’ accorge perché dintorno suon in mille tube, che i move te, se’l senso non ti porge”* (Canto XVII). Italo Calvino has masterfully translated the triplets in this way: *“O imagination that you have the power to impose on our faculties and our will and to kidnap us in an inner world by tearing us away from the outside world, so much so that even if a thousand trumpets sounded there are none would we realize, where do the visual messages you receive come from, when they are not formed by sensations stored in the memory?”* (Italo Calvino, 1988).

4. The symbolopoietic imagery is introduced by Dante Alighieri with the term ‘high fantasy’: *“A l’alta fantassia here I can’t; but my desire and velle were already turning, yes as it rotates that is equally moved, the love that moves the sun and the other stars”*. (145, Paradiso Canto XXXIII)

infanticide mothers. The results of the research revealed in these women the presence of an inner world which is empty and without representations, unless it is Art Brut. This type of art was baptized in 1945 by the French painter Jean Dubuf with the intention of indicating the production of artistic works, created by people far from the cultural world: marginalized, excluded, self-taught prisoners and mentally ill. In infanticidal women, a first, albeit difficult passage towards the symbolopoietic imaginary is offered by this artistic activity. We have interpreted these imaginative forms as if they were images of group dreams. The most significant icon was that of the Spider, archetype of the Great negative Mother, embodied, according to Analytical Psychology, by Medea, who kills her children to take revenge on Jason. In fact, one of the main reasons for infanticide is revenge against one's husband. It is as if the couple's hatred focuses on the generative project of the couple. This project is symbolically represented by the archetypal image of the Child. This image is a symbol of the Selbst, the realization of which Jung calls individuation.

The Child is aimed at "formally" conceiving the collective unconscious<sup>51</sup>.

Infanticide forms the basis for severing emotional family ties. My studies on Nazi ideology (R. Menarini, 2008) have shown how, in this ideology, there was precisely the severing of the original family emotional ties which were replaced by those of the divine power of a savior (Hitler) who gave back to the people their goods stolen by the enemies of the nation (Jews). As mentioned earlier, malignant narcissism triumphs in war interactions.

### PERSONALITY, MATRIX AND NEOTENIC FUNCTION IN THERAPEUTIC GROUPS.

During the Second World War, S.H. Foulkes experimented with analytic group psychotherapy with patients suffering from war trauma, discovering the profound relationship that unites the pathology with the interactions present in the social field. From Foulkes's point of view, collective formations take on a psychological dimension in the interactive system of the personality. All of this represents the way in which a multiplicity is constituted in family, clan, tribe, class, community, and state. Group analysis (this is the name that encompasses the main concepts of analytic group psychotherapy) has as its premise the Gestalt theory and that of the field.

From this point of view, Personality is founded on a universe of psychic investments linked to psychic structures with a strong representative character or Gestalten, that is, to forms that allow the establishment of a mental field or Matrix. It is a particular identity-family environment system, experienced as a natural environment. The Matrix is basically a network of connections between mental events, a privileged Gestalt of psychic representations (original values) inherent in the inner world and its cultural sphere. The Matrix therefore embraces the whole person and the environment affected by it. I debated the concept of the Matrix in a seminar held by Sigmund Foulkes, under the direction of Fabrizio Napolitani, held at the Associazione Gruppoanalitica Romana, on May 30, 1974.

Sigmund Foulkes illustrated how the interaction matrix in the therapeutic group represents a classic example of a complex network, in which the nodal points (patients) are also the nodal points of another network: the primary one of the family plexus. On that occasion I connected the concept of original identity with that, proposed by Foulkes, of Foundation Matrix. According to Foulkes, the Foundation Matrix (basic matrix) is constituted by the transpersonal psychic layer, which we all have in common, since it is connected with the biological properties of the species and inherent in the ability to produce culture. It is therefore an unconscious matrix of our species, within which group psychic processes are modeled.

I then introduced a profound relationship between the notion of Foundation Matrix and that of Neotenia. It defines a particular biopsychic situation for which embryonic elements long after birth remain with the evolutionary aim of maintaining a high degree of plasticity in the brain tissue and psychic structures. This phenomenology occurs within a family matrix, which makes it possible to expand the learning processes throughout the life span, starting with inculturation.

I therefore highlighted a correspondence between the Basic Matrix and Neoteny for the purpose of research on the disorder at the origins of man's personality. The etiology of this basic pathology, which affects the psychic dimension of culture, may be hypothetically connected to the prematurity of the sapiens species; its non-definitive maturation which places it in the delicate position within which, paradoxically, its very survival on the planet is jeopardized. Giuseppe Nucari identified,

5. The concept of the Child is considered fundamental by the great physicist Wolfgang Pauli (1900-1958), winner of the Nobel Prize in 1945 for his discovery of the principle of exclusion, fundamental in quantum mechanics, which states that the same energy state cannot be occupied by two electrons. According to Pauli, the concept of the Child is connected to the notion of 'Hintergrundphysik', which denotes the presence of quantitative ideas and concepts of physics together with those of the psyche, in an iconic structure. The basic archetype of the Child is presented both on an objective and subjective level. In fact, Pauli's 'Background Physics' concerns how the events of microphysics refer to archetypes, to the extent that their mirroring, in the psychic sphere, is an irreplaceable condition for the very possibility of their knowledge. The existence of the complementarity in physics between energy and time presents an analogy with the psychic concepts of the unconscious and conscious.

with the term Neotenic Matrix, the collective unconscious of our species. My subsequent studies enabled me to highlight how the Neotenic Matrix was characterized by two foundations depending on the predominance of two polarities called unsaturated matrix and saturated matrix. The unsaturated matrix concerns the configuration of a group psychic field observable in terms of symbolopoietic imaginary, whose representations are configured as the ideation of a healthy narcissistic center, around which all the prospects for the future development of the new born fluctuate. This group foundation of the original identity is presented, in the Therapeutic Group, thanks to the Dynamic Matrix that concerns the personification of Personality Disorder. For Foulkes, the task of the conductor of a therapeutic group is not only to uncover the hidden meanings underlying the pathology but to identify its interactive forms; he calls this process 'localization'. According to this notion, patients (foreground figures) operate against the background of scenarios, reflecting the etiological characteristics of their personality disorder. In the Therapeutic Group, the Unsaturated Matrix and the Saturated Matrix continually manifest themselves in the transference relationships and in the acting that characterize the various sessions. These two Foundations alternate, taking the form of symbolopoietic imaginary and etiological imaginary.

At the level of malignant narcissism, the latter presents itself as a Double of the former. The discovery of the Double, which appears under highly seductive guise, can be traced back to Oscar Wilde, thanks to his masterpiece "The portrait of Dorian Gray", in which he makes Lord Henry Wotton say: "Now, wherever you go, you charm the world. Will it always be so?"

The Therapeutic Group is presented as a personological universe of imaginative perceptions and emotions that take the form of a narrative plot.

The symbolopoietic imaginary developed particularly in the Middle Ages, consisting of psychic images that took the name of 'Mirabilia'. The root of the term 'Mir' (hence Mirror and Mirari) denotes something alive. There is therefore a juxtaposition between Mirari, Mirabilia (wonder) and Miroir. This last term refers to the Latin Speculum and the Italian 'Mirror'. 'Mirroring' is the way through which the symbolopoietic imaginary locates the etiological imaginary. This iconic and symbolopoietic imaginary is therefore contrasted by the etiological imaginary of the personal matrix.

The latter is made up of an ethiopathogenetic imaginary characterized by visual appearances with a strong suggestive value that are experienced as reality, through the equality between narrative structure and pathological structure as happens in Delirium.

Group analysis is a methodology that through Speculative Reactions allows the 'Location' of the pathological mental universe called 'Personal Matrix' by Sigmund Foulkes. The Mirror Reactions are Resonance and Mirroring. Resonance is a perceptual modality inherent in other characters. The opposite of Resonance is Extraction when, in the presence of a personality disorder characterized by Malignant Narcissism, the patient, the carrier of the disorder, refuses to enter the scene. The Resonance can evolve into Mirroring or Mirroring, which can be described as the recognition of parts of one's personality in the way of being of other patients.

The interactions have a conflictual nature (Personality Disorders) and it is for this reason that the Location configures the inherent Dramatis Persona that is the personification of conflicts. This personification is connected with the onset of the Dynamic Matrix, thanks to the reactivation of the conditions of the personal matrices. To a certain extent, it is the group equivalent of the transference neurosis that is observed explicitly in the psychoanalytic relationship.

Edward Glover (1971) elaborated the concept of transference in its meaning of an analytic setting, which is configured in an isomorphic way to symptomatic formation. In the setting, the domination of the conflictual situation would shift from internal personological maladjustments to the analytic situation. The unsaturated matrix allows the emergence of the Dynamic Matrix, that is, that relational network with a generative function of the psychic subject, free to reflect itself in one's own inner world. In the Therapeutic Group, it develops in the Dynamic Matrix made up of Themes of the group narrative that form the script of the session. They are the basis of the stage configuration or shared vision that patients have of what emerges in the session. These patients construct themselves as Dramatis Personae, that is, 'Characters of the Drama', a name that until the seventeenth century denoted the element of characters in a dramatic work. The processes of personification, which take place in the Therapeutic Group, consist of representing the unconscious processes in the form of a Person. In group-analytic treatment, personification takes place in the mirror of the Group itself. The symbolopoietic imaginary is psychically established, at the level of emotional experience, as the appearance of a reflex narcissism.

The Dramatis Persona is verifiable in Personation, that characteristic for which the inner world of each patient is staged in the entire group. By group theme we then mean the decline of the etiological themes underlying Personality Disorders at the level of Dramatis Persona.

In the group-analytic situation, one patient's world of affects is simultaneously an affective source for another

patient. From this point of view, the group emotional space is the place where the affective exchange is closely connected to the observer-observed dyad.

### CONCLUSION

In the course of fifty years of group-analytic practice, I am convinced that the relational mechanisms existing between the Dynamic Matrix (as a separate psychic network), the single individual and the relationships between individuals, are the basis of a particular semantic elevation which, at the level of the relationships between the psychic functions of the Ego (Language, Perception, Memory and Learning), produces an extraordinary enrichment of the cognitive and emotional learning capacities of the Ego. This complex phenomenology corresponds to Ego Training in action, which is the purpose of group therapeutic treatment.

Ego Training in action can be defined as the basis of the profound relationship that unites the Identity to the Therapeutic Group. It allows a particular semantic elevation that allows the Ego to reach the Other. Semantic elevation has a biopsychocultural equivalent in the discovery of Bootstrapping.

Gerald Edelman (1929-2014), director of the Institute of Neuroscience and the Department of Neurobiology of the Scripps Research Institute of La Jolla in California, introduced the concept of Bootstrapping in terms of a semantic self-elevation, produced by the transformation of the environment. This occurs thanks to semantic exchanges with emotionally significant people, who favor the transition from the ecological niche of the Self to the real world of Identity that includes the Other. Ego Training in action, at the level of the Therapeutic Group, allows you to study the mental functions of the ego, deepening the study of their biopsychocultural bases: Foundation matrix or Neotenic Matrix and Dynamic Matrix (unsaturated matrix).

In this context, the Personal Matrix (saturated matrix) enables us to understand personality disorders such as a failure of the Identity identification process. A Double takes the place of the I and kills the Other. From this point of view, the Therapeutic Group offers us a cross-section of the whole of humanity, biologically linked to an endless childhood whose future is decidedly uncertain, due to an omnipotent "adultomorphic" armor that denies the Other and endangers the very life of the other creatures of our planet.

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## Exploring SDM in Covid Times A Case Study of a Students' peer-to-peer Support Group

### Investigando la SDM en la Era COVID: Estudio de caso de un grupo de apoyo entre iguales, todos estudiantes



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#### Abstract

This short article presents an experience hosted by four young educators in training, during the confinement period of the Covid pandemic in Italy. It is a support group run using the Social Dreaming Matrix, to fight against the sense of solitude and deprivation that students experienced when the university became an online arena. The article is an honest and candid report of how the SDM was designed and developed, given that none of the hosts had a specific in-depth training on it. It highlights the intertwining of individual dreams with the social unconscious, as most of the emerged themes (the house, the journey, the violence) show a deep connection between the psychic matrix and how the Covid events affected it. It is a blunt account of all the vulnerabilities of the actors involved and of the times we all live through. But it also shows the generative power of desire when a relationship between teacher and pupils becomes a real educational space, encouraging youngsters to explore their unknown potential.

#### Keywords

support tools, SDM, youth groups, peer-to-peer, case-study

#### Resumen

Este breve artículo describe la experiencia organizada por cuatro jóvenes educadores en formación, durante el período de confinamiento por la pandemia COVID en Italia. Es un grupo de apoyo dirigido utilizando Social Dreaming Matrix (SDM), la matriz social de los sueños, con la finalidad de luchar contra la sensación de soledad y privación de estímulos experimentada por los estudiantes cuando la universidad se volvió un espacio en línea. El artículo es una transcripción sincera y honesta de cómo SDM fue diseñada y desarrollada, dado que ninguno de los organizadores tenía un entrenamiento específico o en profundidad en este tema. El artículo busca destacar la imbricación entre los sueños individuales y el inconsciente social, tal y como lo revelan la mayoría de los contenidos surgidos durante el estudio (la casa, el viaje, la violencia), mostrando así una profunda conexión entre la matriz psíquica y el modo en el que le afectaron los acontecimientos derivados de la pandemia COVID. Es un contundente repaso de todas las vulnerabilidades de los individuos implicados en la misma y de los tiempos que todos vivimos. Al mismo tiempo, es una muestra del poder generador del deseo, desde el momento en que la relación entre maestro y alumnos deviene un verdadero espacio educativo, y es posible animar a los jóvenes a explorar su desconocido potencial.

#### Palabras Clave

herramientas de apoyo, sdm, grupos juveniles, igual a igual, estudio de caso

#### MANUSCRIPT

#### Designed Setting

In September 2020, when the pandemic was still hitting Italy hard, the Group Processes and Dynamics course shifted to online, just like all other academic activities in the University of Modena and Reggio Emilia. Instead of the traditional in-person large groups, the course offered two online Social Dreaming Matrices (SDM), each consisting of an average of 30-40 people, to the students attending the course. In January 2021, four of the students who had successfully passed the course, and had actively attended the SDM, were encouraged by their professor to organize and conduct an online Matrix for their fellow classmates, as an opportunity to offer support and resistance to social isolation, given the continuing restrictions of the pandemic: a space where one could feel connected by sharing dreams and free associations.

As an additional training, the four students were offered the opportunity to participate in the IAGP's weekly SDM, conducted by Maurizio Gasseau, which had begun during the lockdown. Their attendance immediately highlighted the differences between IAGP's SDMs and those experienced during the university course. The IAGP matrix was conducted in English, the participants were from different countries thus from diverse cultural backgrounds, and most were practitioners, hence older than the students. The motivation of the attendees was also different. People in the IAGP's SDM joined to find support in a network of group professionals; on the contrary, even when non-mandatory, academic activities are always seen as opportunities for students to improve their overall final assessment.

Designing and offering a SDM in an educational context without offering any extra credit was a challenge. Moreover, offering a space for support run by untrained peers was another challenge. It was about thinking, imagining and designing a new setting suited to the specific circumstances and possibilities. As Di Maria and Lo Verso (2002, p.103) write, "the set(ting) represents the concept and the place where the paradigm of complexity finds concreteness in the field of clinical psychology". It is an intertwined combination of hard and soft parts, of intentional and unconscious levels.

In a context where both the recipients and the hosts are in training, the definition by Menarini and Pontalti of the *set* and the *setting* can be helpful in trying to understand the complexity of this experience. In their definition, the term *set* refers to "all those external and social aspects that, within the therapeutic perspective, are directly visible or explicitly defined" (1987, p.65). The *set* is the hardware, the material container where the experience takes place: spaces, times, rules, staff organization.

The SDM space was a Zoom room, where the participants were expected to have their cameras on. The intervision meetings of the four hosting students, and the weekly supervision with the course professor were also held online. Before each SDM, the hosts met to review the issues and criticalities that emerged in the previous SDM and prepared for the supervision, in order to be clear as a group what to share, and / or ask the professor. Immediately after each SDM, the hosts met to talk about how the experience had developed: process management, dreams, and critical issues.

The initial planned time for the SDM was one hour, which was reduced to 45 minutes due to the low number of participants. Furthermore, the staff agreed to have weekly sessions, and to finish before the summer exam session would begin. This summed up to a total of 15 sessions,

ran between February and May 2021. The day (Monday) and the time (21:00) were chosen after a survey on the Facebook group of the "Group processes and dynamics" course, where potential attendees were asked what their preference was. The hosts used the course's Facebook page and students WhatsApp groups as recruitment channels for the dreamers; invitations were posted and sent every week starting from the end of January 2021 until the end of the experience. The total number of people who attended the SDMs was 19, aged between 22 and 40, and the average number of participants for each meeting was 9. Three of them were male and all the rest females; only 3 participants took part to all the sessions. The staff who designed and conducted the SDM had five members: one professor, as supervisor, and four "hosting students", all females with an average age of 36. Of the four students only two played the role of speaking hosts in the matrices, but it was clear for all participants that it was a team effort. One of the two oldest student hosted the first 10 matrices and the other one the last 5. The classic rules of the dream matrix were agreed upon; that associations are only made to dreams, and that dreams are not interpreted.

The term *setting*, on the other hand, refers to "the mental field built initially by the therapist and the patient, and subsequently by the structuring of the dual and group relationship (matrix, field)" (Di Maria & Formica, 2009, p.99). *Setting* is therefore the software, all those invisible aspects that contribute to the creation of the here-and-now matrix experience, and of the there-and-then shared mental field that is participated by all, dreamers and hosts and supervisor.

Some of the challenges of the setting were related to preparing to lead an online SDM group: how to welcome the dreams of those who want to share them, and how to foster a matrix of dreams. Thanks to the previous participation to online SDMs, the hosting students had observed many beginnings and learned opening phrases, ways and paces of hosting, which they eventually used in the peer-to-peer SDM. Before each session, the hosting team practiced an exercise of picturing the group-to-be: a kind of generative thinking of the future matrix (Erickson, 1963), that reinforced the desire to feel part of the team and somehow to put each member at the service of those who were part of it as speaking host.

In the mental field of the hosting team, there were also several anxieties: among them, the fear of not being able to contain the matrix within its boundaries of time and task, the fear of falling into interpretations of the dreams or that of not being able to summarize and integrate the social themes that would emerge. In this experience,

thus, it is appropriate to think of the coexistence and interdependence contained in the term *set(ting)*. Meeting online, being in training and other characteristics of the described SDMs would not have been conceivable without a *set(ting)* defined as “a psychic organizer of transpersonal nature, a shared mental field that allows to think about phenomena and symptoms and to give meaning to them and to create new connections and relationships” (Di Maria & Formica, 2009, p. 99).

### Emerging Themes

During the 15 dream matrices, the participants shared 122 dreams, starting with that where the dreamer was immobilized by fear on a sofa and ending with the dream of a race that could not be interrupted. The matrix developed from immobility to great movement, reflecting the dynamism experienced in real life due to the Covid pandemic a bit. When the SDM started, the region where all the participants lived was a yellow zone: there was a curfew, the obligation of masks everywhere and very little possibilities to meet with non-family members. From the 3<sup>rd</sup> to the 6<sup>th</sup> SDM, the region became an orange zone with higher restrictions and from the 7<sup>th</sup> to the 11<sup>th</sup> session it became a red zone, with the impossibility to go anywhere, except hospitals and pharmacies, or meet anyone at all. Within the last four sessions, the region moved again to orange and finally into yellow. These governmental provisions conditioned people's real life but also strongly accompanied the matrix of the dreams.

An analysis of the themes that emerged showed that four were of great relevance in the whole experience: the house, the water, the journey, and the violence. The predominant theme and perhaps also the container of the matrix was the *house*. The house physically contained the members of the SDM, because of the anti-Covid measures and because exams were taking place online. With the easing of the restrictions to contain the pandemic, the house gradually became other places, in the dreams.

“A house, before being a place, is a space that we carry inside. A shape that has lived in our hearts since time immemorial. Home is an ideal body that contains and welcomes us, manifests us, and protects us. Home is a real place that we love and hate every day, suspended between protection and adventure, recognition, and freedom. Home is a form of desire that sleeps in our thoughts and lights up at the sound of a word, at the flash of a gesture” (www.psychodesk.it/la-casa-piu-un-luogo-fisico). The symbolic meaning of the house is also related to the concept of personality or human body, as it contains and represents the historical, social and cultural context in which we grow our selves.

The matrix's first dream was set in a house:

*“I was in the living room and my father and sister were talking upstairs about being chased. I go towards the basement, and I have the feeling that someone has entered the house, I see the gate open and turning around I see a headless mannequin climbing the stairs, so I throw myself on the sofa pretending to be dead”*. The threats from the outside were coming into the house like headless monsters.

After this dream, many others followed, set in houses: they played as real borders, frontiers, boundaries that separated the *in* from the *out*, the known from the unknown, the safe from the unsafe. In the dreams, the dynamic of inside and outside, of me and not me, of the need to participate and to remain single individuals (www.funzionegamma.it/nascondere-e-trovare-lo-spazio-potenziale-di-winnicott-e-la-casa-di-raspberry-juice), was clothed with a sense of threat, of fear for what was outside and wanted to enter to do harm. The Covid virus that was circulating outside was very present even when not spoken of. In fact, in many dreams the houses were invaded by unwanted people, by strangers, by aliens or by thieves who left a sense of anguish in the dreamer.

Since the end of February 2020, some of the participants had experienced the university life only through the computer. To them, the theme of the house seemed to be intertwined with university life. In fact, after the first semester of their first year of Bachelor's degree, academic life had moved into the kitchens, the bathrooms, the bedrooms of student homes, invading intimate spaces, crossing unexpected boundaries of separation. The experience of university, which had stripped itself of its physical and collective character, had nestled itself in the dreamed houses, inhabited by lots of professors and classmates, who were often those of high school, because students had had little time to get to know their course's peers in person.

With the succession of the SDMs, and with the loosening of the restrictions, the often-intertwined themes of travel and *water* increasingly appeared in the dreams. Jung said that “water in all its forms - as sea, lake, river, spring, etc. - is one of the most recurrent forms of the unconscious” (www.temenosjunghiano.com/jung-simbolismo-dellacqua) and this was also the case in our SDMs. From the second session, water manifested itself in the form of snow, storms, rivers, aquariums, floods, lakes, seas, and pools. The thirteenth session was the richest in water elements: it was the day on which the Region finally moved back from red to yellow and schools returned to in presence, and outdoor restaurants reopened. Water, as a symbol of life, expressed a sense of rebirth after the pandemic. “Water is of the origins. The universe originated from

mythological waters, landmass emerged from oceanic waters, life was formed in marine waters, the fetus develops in uterine wateriness, biological colonies grow in culture broths. Heraclitus assumed the image of a river to express the universal flow of existence: *panta rei, everything flows in life and in what is alive*" (Widmann, 2010, p.276)

Every so often in the dreams water appeared to be connected to the theme of *travel*, as if the complex and new pandemic circumstances forced the SDM's participants to reinvent themselves, heroes and heroines of mythical journeys and then reach a new definition of self and the group, to a collective rebirth. The trips in the dreams were represented by means of transport but also by roads and paths to go through, by mountains full of snow to climb or hide in, by holidays in distant cities or in foreign countries.

During the 5<sup>th</sup> SDM, a dream that entailed a trip to a foreign land came up, which bore another theme, related to the Italian context (and unfortunately not only that): *violence* against women. In Italy, during the period of the dream matrices, 20 women were killed, from 1<sup>st</sup> February to 17<sup>th</sup> May 2021 (<https://femminicidioitalia.info/lista/2021>), about one every five days. This theme was present not only in the dreams, but it had appeared in the free associations already from the third SDM. Sexual abuse, prostitution, family disputes and the fear of female students of being attacked both at home and outside the home, accompanied the entire matrix as a grim background.

### Challenges and Feedback

With the sequence of matrices, it became clear that the hardest task for the speaking hosts was to give the social themes that emerged back to the participants, by connecting associations and dreams with an appropriate non-judgmental language. The experience made by the speaking hosts was very strong and engaging: they experienced first-hand what it means to be a "collector of dreams" (Lawrence, 2001; 2006; 2018) and how important, but also difficult, it is to take nothing for granted and tiptoe into sharing dreams and associations.

While entitling themselves to becoming hosts of the SDMs, the staff encountered many challenges. The first was to imagine what type of *hardware* could be suitable for the specific context and task, then how to engage classmates, and finally how to build the role of a host, who was not a psychologist but rather an educator in training.

Once the sessions began, other difficulties related to the management of the matrix materialized: some people

tended to use the matrix as a therapeutic support, implicitly asking the eldest members of the staff to consult, to heal, to take charge of their suffering. Others in the presentation of dreams forgot the rule of associations-only, and included their interpretation with references to the other participants, as if they wished to get deeper than with a generic emotional support, trying to analyze the images brought by someone that shared the same difficulties with him/her. Some participants never shared, while others were in great difficulty at first and just listened, and they allowed themselves to share dreams only at the end. Some always tended to want to open the SDM by telling all the dreams they had during the week very quickly, as if they wanted to "get rid of them". On one occasion, a person joined the matrix and never turned the camera and microphone on: it felt threatening and unsafe. Often the rule of not making associations to associations was disregarded. Finally, there was the big issue of the low number of participants out of a potential audience of hundreds of classmates. Each criticality and difficulty were addressed and processed in the hosting sub-group, during the intervision after the matrix and later with the supervisor, who gave ideas and suggestions to face them. The supervision was designed and conducted to offer a safe environment to the hosting students, to speak up their feelings of inadequacy and vulnerability. Such focus also allowed some tipping and advising on how to make the participants of the SDM feeling safe.

During the last SDM, after the 45 minutes matrix was over, the hosting team asked the participants for feedback in an open and rich dialogue. From their words, gratitude emerged towards the hosts, because they had "*thrown themselves into this experience with courage*". It had become clear for the participants that the SDM gave all an opportunity to connect and reflect: week after week, the sessions had become "*an important moment of support in a period like this, which some were looking forward to during the week; also, a moment to disconnect from what surrounded us and to confront and comfort each other even if far away*". Someone had found in those moments a free space, "*just for us, where you did not have to perform, receive votes or be judged and where silence was respected by giving the necessary time*".

### A Bit of a Conclusion

The experience was very formative: it allowed a better understanding of the challenges of teamwork, in the complicated times of social distance and confinement. In fact, the staff was involved during the intervisions and supervisions in the reflections on the emotions and feelings that accompanied their hosting. They experienced deep moments of excitement, despair, regrouping, destabilization, and reflection. The matrix also

ensured that the staff supported each other throughout the experience, feeling connected even though they did not know each other from before. As a potential training for educators, this experience opened the door to a world that was unknown and gave the courage to go beyond what the hosts thought they were capable of doing and feeling. It appeared clear that in every educational context we are all connected in a basic matrix "... the shared ground that ultimately determines the meaning and significance of all events..." (Di Maria & Formica, 2009, p.101): not only during the realization of the experiences but also during the whole phase of conception, design, and evaluation of it.

The limitations of this work are almost self-intuitive. First, the work was conducted in a very short period of time; secondly, there were few participants to the matrices; finally, the hosts had little training on how to host SDMs. Nonetheless, the Social Dreaming Matrix is a tool that can be used by educators both when processing difficult phases in their workplaces, to bring out positive connections among colleagues, and when working with various types of beneficiaries. Perhaps the most interesting thing that was experienced, not only from an educational point of view, as a dreamer said in the final SDM, is the fact that the "*desire of a professor has been fulfilled, and therefore there has been a concrete experience of the generative power of desiring*" and of conceiving, in a formative relationship.

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## Estudio cualitativo sobre necesidades psicosociales en personal sanitario hospitalario durante la emergencia sanitaria por coronavirus

### Qualitative study on psychosocial needs in hospital health personnel during the coronavirus health emergency



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#### Resumen

La emergencia sanitaria por SARS-CoV19 ha tenido un gran impacto sobre la capacidad asistencial de los hospitales públicos del Sistema Nacional de Salud. Se presupone un impacto sobre la salud mental de los trabajadores que no ha sido determinado con claridad. Se realiza un estudio cualitativo mediante técnica de entrevista con el que se pretende comprender hasta qué punto ha sido afectada la salud mental de los profesionales, seleccionando personal de distintas categorías y unidades de un hospital de titularidad pública de Área Sanitaria, estudiándose las narrativas y destacando 6 temas: enfermedad, situación asistencial, figura del sanitario, relaciones laborales con compañeros, relaciones con la institución y relaciones personales. Se encuentran en cada uno narrativas específicas relacionadas con el impacto de la COVID sobre la salud mental de los profesionales. Se hace necesario determinar el impacto sobre su labor asistencial y encontrar propuestas de intervención psicosocial que alivien o protejan y fortalezcan la resiliencia.

#### Palabras clave

coronavirus, sobrecarga emocional, relaciones interpersonales, profesionales, resiliencia.

#### Abstract

The SARS-CoV19 health emergency has had a great impact on the care capacity of public hospitals in the National Health System. An impact on the mental health of workers that has not been clearly determined is assumed. A qualitative study is carried out using an interview technique with which it is intended to understand to what extent the mental health of professionals has been affected, selecting personnel from different categories and units of a publicly owned hospital of the Sanitary Area, studying the narratives and highlighting 6 topics: illness, care situation, figure of the health worker, labor relations with colleagues, relations with the institution and personal relations. Specific narratives related to the impact of COVID on the mental health of professionals are found in each one. It is necessary to determine the impact on their care work and find proposals for psychosocial intervention that alleviate or protect and strengthen resilience.

#### Key words

coronavirus, emotional overload, interpersonal relationships, professionals, resilience.

## INTRODUCCIÓN

La crisis sanitaria por la infección por el nuevo coronavirus que ha afectado a nuestra sociedad está suponiendo una serie de cambios y retos para los profesionales sanitarios. Además, a esto se suman el contexto social, la instauración del Estado de Alarma y el contexto personal de cada uno. Muchos profesionales han visto sobrecargada su actividad asistencial. Otros tantos se han visto obligados a realizar actividad asistencial fuera de su especialidad o campo de trabajo habitual. Existe riesgo de contagio, propio y a los familiares o convivientes, además de haber existido escasez en los medios de protección.

Las distintas narrativas sociales que han surgido a raíz de estos acontecimientos pueden también influir en el afrontamiento de esta situación: “heroísmo”, “lucha”, “guerra contra el covid”.

Hemos visto cómo en nuestra sociedad han surgido iniciativas que fomentan la cohesión social y el apoyo emocional comunitario (aplauzo sanitario, reuniones vecinales desde las ventanas, etc.). Pero, ¿qué ha pasado en los hospitales?

Todos estos cambios sociales, sanitarios, asistenciales, organizativos, interpersonales y psicológicos suponen una fuente de estrés y una dificultad añadida a la tarea diaria de los sanitarios. Pero, ¿cómo afecta todo esto al personal sanitario? ¿A qué desafíos se enfrentan? ¿Qué dificultades están teniendo en lo psicológico?

Acerca del impacto que ha tenido la pandemia en el personal sanitario se han hecho estudios en diferentes países. En el Hospital Universitario de Augsburgo (Alemania) se realizó un estudio entre marzo y abril de 2020 para valorar la carga psicosocial en médicos y enfermeras en función de su grado de contacto con pacientes con covid-19, concluyendo que la pandemia ha supuesto un evento emocional y físicamente estresante, especialmente para el gremio de enfermería, donde se detectó mayor estrés general percibido en el trabajo junto a síntomas depresivos en comparación con colegas de plantas normales y se encontró que uno de los recursos al que más importancia se daba para hacer frente a la carga psicológica durante esta situación era el apoyo social. La mayoría de participantes señalaron la importancia de la familia y los amigos, así como el tiempo de ocio, como factores de resiliencia, además del apoyo psicosocial en el trabajo. (Zerbini, Ebigbo, Reicherts, Kunz & Messman. 2020)

En un artículo realizado en Corea del Sur se describen las actividades realizadas para proporcionar apoyo psicosocial por parte de un equipo multidisciplinar especializado en trauma y catástrofes durante el inicio de la pandemia, señalando que dicha experiencia reforzó las redes internas de los profesionales de salud mental y que contribuyó al crecimiento profesional de sus miembros. Se realizó una valoración de necesidades para poder elaborar contenidos sobre atención psicosocial. Se valora en el artículo la importancia, no solo del control y prevención de la infección, sino también de la atención psicosocial y destacan la colaboración público-privada durante el brote. (Hyun et al. 2020)

Otra experiencia en Bogotá (Colombia) sobre intervención psicosocial durante el primer año de pandemia mediante

grupos de apoyo por pares e intervenciones individuales incide en la importancia de este tipo de intervenciones como prevención del estrés psicológico que puede suponer para los profesionales de la salud una situación de pandemia como la vivida con la covid-19. (Lugo, Miguel Uribe Restrepo, Álvarez, Trejos & Gómez-Chiappe. 2021).

## RESILIENCIA

La palabra resiliencia procede del latín, del término “resilio” que significa volver atrás, volver de un salto, resaltar o rebotar. Son muchos los autores que han hablado sobre la resiliencia. (Piaggio, Ana María Rodríguez. 2009).

Se la ha definido como “un conjunto de procesos sociales e intrapsíquicos que posibilitan tener una vida sana en un medio insano [...]. Se trata de un proceso que caracteriza un complejo sistema social en un momento determinado del tiempo”. (Rutter. 1992)

Para el psiquiatra Boris Cyrulnick “con cabos de lana biológicos, afectivos, psicológicos y sociales, pasamos nuestra vida tejiéndonos a nosotros mismos”. (Cyrulnick. 2009)

Se estructuraría en torno a tres pilares: lo que yo tengo (apoyo externo), lo que yo soy (fuerza interior) y lo que yo puedo (capacidades interpersonales y de resolución de conflictos). (Henderson. 2006)

La resiliencia acaba siendo considerada la consecuencia de un entretrearse de tres factores principales: los recursos internos, el significado que atribuimos a la herida psicológica y, sobre todo, la capacidad del entorno de proveer de un adecuado sostén social y unos elementos culturales que fortalezcan al sujeto.

## EL TRAUMA PSICOSOCIAL

Cuando hablamos de trauma psicosocial nos referimos a herida social. Para hablar de trauma psicosocial hay que tener en cuenta dos aspectos, según Martín Baró (1988):

*Que la herida que afecta a las personas ha sido producida socialmente, es decir, que sus raíces no se encuentran en el individuo sino en su sociedad y que su misma naturaleza se alimenta y mantiene en la relación entre el individuo y la sociedad a través de diversas mediaciones institucionales, grupales e incluso individuales, lo cual tiene obvias e importantes consecuencias a la hora de determinar qué debe hacerse para superar estos traumas. (p. 136)*

Se habla en este caso de trauma psicosocial en contexto de situaciones de guerra y se entiende que la afectación

individual variará en función de la situación social e implicación particular en los procesos de guerra.

Así, las diversas formas de somatización constituyen el enraizamiento corporal de la polarización social. De esta forma tomarían forma en el cuerpo las experiencias de dicha polarización.

La mayor gravedad se alcanzaría cuando se transmite a través de los procesos de socialización la militarización psicosocial. En una situación de prolongación indefinida de la situación bélica se acaban normalizando las relaciones deshumanizantes que impactan de forma individual en forma de desgarramiento somático hasta la desestructuración mental, perdiendo así la propia identidad.

En situaciones como la descrita, resulta insuficiente una intervención psicoterapéutica individual o grupal, pues es necesario que se produzca un cambio significativo en las relaciones sociales estructurales tanto grupales como interpersonales.

## LA INTERVENCIÓN PSICOSOCIAL

La intervención psicosocial se plantea la necesidad de un compromiso con los problemas comunitarios, de ubicar el problema en un contexto global, teniendo en cuenta el contexto socioeconómico y de entender a la comunidad como un recurso para la transformación de las condiciones existentes hasta el momento, para lo que será necesaria la participación activa social.

### Sobre la realización de un estudio psicosocial

Para poder llevar a cabo una intervención psicosocial es preciso conocer a través de un estudio la situación dada que queramos estudiar. Las respuestas a estas y otras preguntas que nos hagamos deberían quedar plasmadas en algún documento, que no es otro que el que acompaña al proceso de negociación entre quienes se encargan del proyecto de intervención y quienes lo van a elaborar, entre la demanda y la oferta. A este tipo de documento lo denominamos anteproyecto. Así un plan puede subdividirse en programas, cada programa en proyectos, cada proyecto en actividades y cada actividad en tareas. Esta planificación tendrá por tanto como fin la realización tanto de un análisis de las necesidades, como la realización de una serie de intervenciones.

## PROPUESTA

Por todo lo expuesto, hemos tratado de detectar necesidades psicológicas entre el personal sanitario que hayan podido surgir a raíz de esta crisis.

**Fecha de realización:** 13 – 20 de abril de 2020.

### Objetivo:

Este estudio trata de recoger las experiencias del personal sanitario que ha estado en primera línea en la crisis sanitaria en un Hospital de titularidad pública de tamaño medio con el fin de explorar las preocupaciones del personal, detectar necesidades psicológicas y plantear posibles soluciones/intervenciones.

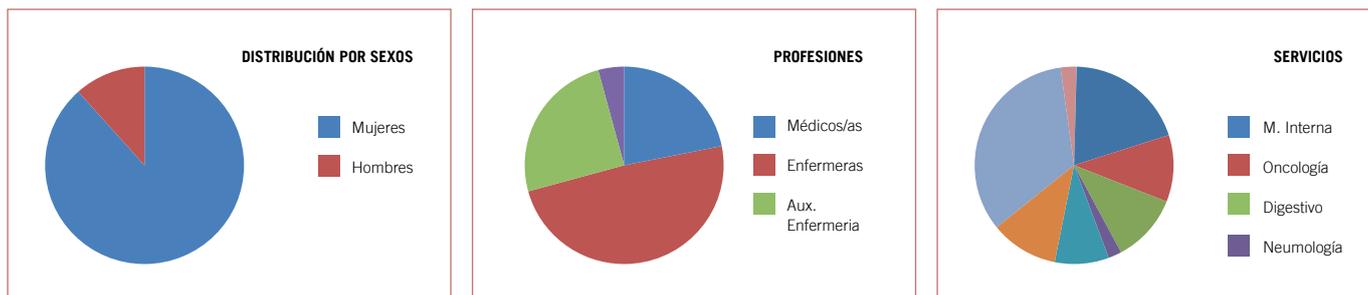
El Sistema Nacional de Salud en España se organiza en dos niveles asistenciales. El primer nivel corresponde a la Atención Primaria y la atención en este nivel se presta en los centros de salud. El segundo nivel corresponde a la Atención Especializada que se presta en centros de especialidades y hospitales, de manera ambulatoria o en régimen de ingreso, además de contar con los Centros, Servicios y Unidades de Referencia (CSUR) en los que se presta la atención de patologías complejas, poco prevalentes o que requieren un alto nivel de especialización tecnológico y profesional.

En cuanto a la estructura hospitalaria, se clasifica en cinco niveles teniendo en cuenta la dotación, oferta de servicios, actividad, complejidad e intensidad docente. El hospital en el que se realiza este estudio corresponde a la categoría 3: hospitales de área, de tamaño medio en torno a 500 camas. Más de 50 médicos MIR y 269 médicos de promedio. Complejidad media.

### Metodología:

Se realiza un estudio cualitativo mediante técnica de entrevista al personal sanitario en las distintas plantas de hospitalización, así como en la UCI. Se intenta entrevistar a personal de todas las categorías sanitarias, tanto hombres como mujeres, de distintas edades y con distinto grado de experiencia. Se circunscribe la muestra a aquellas personas que realizan tareas asistenciales, y más en concreto a aquellos servicios que se han visto afectados especialmente por la emergencia sanitaria CoV-19.

Se entrevistó a 45 profesionales, de los cuales 40 son mujeres y 5 hombres. En cuanto a las profesiones, se entrevistó a 10 médicos/as, 2 Médicas Internas Residentes, 22 enfermeras y 11 auxiliares de enfermería, pertenecientes a los servicios de medicina interna (9), oncología (5), digestivo (5), neumología (1), traumatología (4), urología (5), unidad de cuidados intensivos (15) y psiquiatría (1).



## RESULTADOS OBTENIDOS:

### TEMAS ABORDADOS

#### Relacionados con la enfermedad:

Desconocimiento de una enfermedad nueva, recepción de la información científica, protocolos (*“es imposible actualizarse diariamente, cada día hay nueva información y al principio casi cada día un protocolo nuevo”*) y falta de dominio sobre la enfermedad.

#### Sobre la situación asistencial:

Sobrecarga de trabajo (*“durante las guardias siento que estoy en alerta constantemente”*), prolongación en el tiempo de la situación, falta de recursos (*“ponemos tratamientos en función de la disponibilidad, no del criterio médico”*), mecanización del trabajo (*“nos hemos robotizado”*), trabajo realizado diferente al habitual por cambio de servicio o cambio de la patología que se atiende, reparto desigual de trabajo, desprotección del personal y miedo a la reincorporación post baja.

#### Sobre la figura del sanitario:

Responsabilidad, omnipotencia, aburrimiento, monotonía asistencial (*“esto es el día de la marmota”, “no hay estímulos a nivel profesional”*), falta de realización profesional, miedo al contagio (*“en este trabajo tratamos con enfermedades infecciosas y nunca antes me había preocupado tanto llevarme el bicho a casa”*), el contagio de compañeros, tratar a compañeros contagiados que precisan hospitalización, muerte de pacientes (*“el peor momento es el de fumigar al cadáver, eso me ha marcado”*), soledad y aplauso sanitario (*“ya me cansan los aplausos, soy la resistencia del Resistiré”*).

#### Sobre las relaciones laborales con los compañeros:

Conflictos interpersonales (*“la gente está tensa, el servicio está dividido”*), compañerismo, rechazo, estigma entre compañeros, disputas entre compañeros.

#### Sobre las relaciones con la institución:

Incertidumbre respecto a los contratos laborales, interrupción de la formación de residentes, falta de apoyo institucional, reparto desigual de las tareas (*“creo que ya no es necesario que todos los Servicios estemos haciendo turnos de Urgencias covid”*) y abuso de poder.

#### Sobre las relaciones personales:

Dificultad para la conciliación familiar, rechazo/incomprensión en la vida privada, contagio de familiares y cansancio (*“la situación está pudiendo conmigo”*).

Algunos temas se repiten entre las experiencias de los sanitarios: miedo al contagio propio y de familiares, sobrecarga laboral, monotonía asistencial, cansancio, responsabilidad, omnipotencia, desigualdad, etc.

Las reacciones emocionales frente a estos conflictos abarcan la sobreimplicación emocional, el estado mantenido de alerta, una sobrecarga emocional, la hiperresponsabilidad, la sensación de descontrol, aumento de irritabilidad, miedo, vulnerabilidad, insomnio, agotamiento profesional, incertidumbre, desamparo, frustración, culpa, sentimientos de inseguridad y desesperanza, vulnerabilidad, fragilidad e indefensión, injusticia, sentimientos de incapacidad, frustración, rabia e incomprensión. Y finalmente falta de estímulo profesional y falta de realización profesional.

En relación a lo interpersonal: conflictos no resueltos y riesgo de enquistamiento, falta de apoyo institucional, responsabilidad no compartida, desigualdad en el reparto de trabajo, disputas entre compañeros, falta de recursos, con el consecuente sentimiento de impotencia, frustración, culpabilidad, falta de abordaje de los aspectos emocionales en los protocolos, saturación y cansancio por sobreinformación.

Y finalmente respecto a la familia: miedo al contagio propio y de los convivientes, miedo al contagio del personal, miedo al contagio de los familiares y rechazo por parte de los convivientes.

## DISCUSIÓN

De la problemática y temas descritos surgen una serie de necesidades entre las que se encuentran la necesidad de estructurar el trabajo y la información, la necesidad de humanizar la asistencia, la necesidad de reequilibrar la relación con los compañeros, de normalizar. Y finalmente una necesidad de reconocimiento y apoyo por parte de la institución.

Es por ello que se plantea a partir de estas necesidades la conveniencia de elaborar una serie de propuestas generales, que se agrupan en dos categorías (organizativas y psicosociales). Las medidas organizativas propuestas se trasladan a los cargos intermedios y superiores para su valoración por quien corresponda. Las propuestas psicosociales y emocionales se desglosarán posteriormente en actividades concretas.

## PROPUESTAS ORGANIZATIVAS

Mayor distribución de guardias o mejor reparto de tareas, recuperar sesiones clínicas del servicio de temática variada, potenciar la autoconfianza y protocolizar, dar autonomía, apoyo en toma de decisiones por pares/jefe de servicio/supervisor clínico, refuerzo de materiales de protección y protocolización de asepsia, reparto de turnos, dosificación de esfuerzo, mejora de las condiciones laborales, incentivos económicos, reconocimiento institucional, turnos interna/especialidad propia, normalización/reestructuración de las rotaciones de residentes, rotación entre medicina interna y medicina interna dedicada a covid, aumentar el personal, redistribución de turnos con más descansos, reducción progresiva de las tareas fuera del servicio, vuelta progresiva a la “nueva normalidad” hospitalaria, actualización semanal en equipo multidisciplinar (medicina interna y neumología) de novedades respecto a tratamientos y abordaje del paciente, refuerzo de materiales de protección y protocolización de asepsia, reconocer aspectos positivos de la emergencia, adecuar expectativas (bajo control sobre la evolución de los pacientes, algunas muertes no se pueden prevenir/evitar), minimizar la exposición del personal, formar a enfermería para que forme parte del apoyo emocional a los pacientes (videollamadas, valoración de necesidades, etc.), planificación y reparto de descansos, realización de quejas formales y planificación a largo plazo.

## PROPUESTAS PARA MEJORAR LA SALUD MENTAL DEL PERSONAL

Visibilizar las condiciones de trabajo del personal sanitario y de las implicaciones emocionales, técnicas de regulación emocional, medidas de higiene del sueño, apoyo emocional por pares, ventilación de emociones, potenciar sentimientos de esperanza y cohesión, técnicas de relajación, descansos, ejercicio físico, gestión de conflictos, prevención de escalada, descargar responsabilidad, tratamiento farmacológico si precisa, apoyo institucional simbólico, apoyo emocional y cohesión grupal mediante técnicas grupales.

Estas propuestas emocionales se plasman en una serie de actividades y medidas que se concretan a continuación. Se proponen diferentes dinámicas teniendo en cuenta el funcionamiento de las distintas Unidades:

- Cuestionarios sobre las experiencias (¿Qué está siendo lo peor de la pandemia? ¿Y lo mejor? ¿Crees que has aprendido algo? ¿Te gustaría destacar algo que te haya sorprendido gratamente de algún compañero? Sugerencia para la celebración del fin del confinamiento).
- Cartas anónimas recogidas en buzones en las distintas plantas de hospitalización.
- Tablón para expresión de vivencias, emociones, quejas.
- Encuentro de residentes que fomente la cohesión grupal y evitar enquistamiento de disputas que puedan haber surgido.
- Talleres online. Técnicas de relajación online.
- Técnicas de relajación grupal presencial.
- Grupo de apoyo.
- Acto de silencio por los enfermos fallecidos.
- Agradecimiento privado por parte de la Institución.

## CONCLUSIONES

La intervención psicosocial es una forma de intervención que permite trabajar sobre comunidades de forma activa, devolviendo el protagonismo a los propios integrantes de la misma y fortaleciendo la resiliencia de las comunidades, posibilitando la realización de una prevención activa que haga posible la atenuación de las posibles secuelas a medio plazo de los traumas psicosociales y una mejora en la cohesión comunitaria. Este tipo de intervención puede trasladarse al sistema sanitario y sus profesionales en situaciones de emergencia sanitaria como la vivida por el nuevo coronavirus.

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## NOTA:

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## Death Education: the case of a group of adolescents

### Educación para la Muerte: el caso de un grupo de adolescentes



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#### Summary

This article attempts to explore and clarify the theme of death from an educational perspective, through a group intervention and a study conducted on 100 high school students.

Death education is conducted through one experiential group, where youth can discuss mourning, loss, separation, death, and life in their own experiences. Participants of this study struggled with ambivalent emotions when facing the polarity of death and life: for instance, they mentioned both hate and love when freely associating with the word 'life'.

Adults often share the erroneous idea that death is not part of the adolescent experience. On the contrary, 89% of the boys and girls stated they experienced a mournful event, even in spheres such as friendship and family. Specifically, 24% of them have had to deal with the death of a friend.

This article suggests the necessity of working with small psychodynamic groups when addressing silence and denial which surround the ideas of separation, end, loss, and death working with teen groups.

#### Keywords

Death, Education, Youth, Group

#### Resumen

Este artículo intenta explorar y esclarecer el tema de la muerte desde una perspectiva educativa, a través de una intervención grupal y de un estudio realizado en 100 estudiantes de Educación Secundaria. La formación sobre el tema de la muerte se lleva a cabo a través de un grupo experiencial, donde los jóvenes pueden hablar sobre el duelo, la pérdida, la separación, la muerte y la vida a través de sus propias experiencias. Los participantes de este estudio, al enfrentarse a la polaridad de vida y muerte, tuvieron que lidiar con emociones ambivalentes: Ilustrando esto, cuando se realizó libre asociación con la palabra vida mencionaron las palabras odio y amor. Los adultos suelen compartir la idea errónea de que la muerte no forma parte de la experiencia adolescente. Muy al contrario, el 89% de los chicos y chicas declararon haber vivido un acontecimiento luctuoso, incluso en ámbitos como la amistad y la familia. Más específicamente, el 24% de ellos tuvo que hacer frente a la muerte de un amigo. Este artículo sugiere la necesidad de trabajar con pequeños grupos psicodinámicos para abordar el silencio y la negación que rodean a las ideas de separación, finitud, pérdida y muerte cuando se trabaja con grupos de adolescentes.

#### Palabras clave

Muerte, Educación, Juventud, Grupo

### INTRODUCING CONCEPTS OF DEATH

When working with teenagers, it is paramount to set a foundation matrix by offering some knowledge on the development of the concept of death through history. Not only in the three monotheistic religions, but digging deeper in the past, showing how death has accompanied all the stages of humankind's development. The study of funeral rituals in prehistoric times shows that there is an ancestral link between the development of civilization and the way humans have dealt with their dead. Recent studies, for instance, show that Neanderthals were already burying their dead: the corpses were laid in a pit dug by members of their group and covered up. These discoveries attest to the practice of burial in the Neanderthal civilization, although it is not possible to understand and explain whether there were also complex rituals or a more complex idea of the afterlife behind these practices (Rendu et al., 2013).

When it comes to modern times, it is important to note that in the first two decades of this millennium the concept of death has been strongly influenced by intensively spectacularizing war and terrorism (Mantegazza, 2004). On the other end, present times are also defined by a focus on scientific developments, including in medicine. This progress inevitably ended up conditioning the collective view of the concept of death (Manucci, 2004).

In this paper, we shall give for granted the readers knowledge of the cornerstones of psychoanalytic theory: therefore, we shall not focus on how Freud and Lacan discussed death with their respective concepts of 'death drive' and 'death or pure desire', (Freud, 1915; Miller & Lacan, 1986). Instead, we would like to frame our group work in the studies of Kübler-Ross and Kessler (Kübler-Ross & Kessler, 2014), who focused on bereavement and loss. Specifically on their theorization of the five stages of mourning: denial, anger, bargaining, depression, and finally acceptance.

The first phase concerns the initial refusal, the dynamic of denying the distressing news of the diagnosis of an illness or someone's death. This defense mechanism has the function of parrying the blow of the tragic announcement, initially allowing the person to regain the courage to face the disease or the loss, and with time, to manage to activate new defense measures. The state of shock that occurs in this first phase is very high. This is because we discover that our unconscious idea of immortality cannot be realized; therefore, the answer generally becomes 'no, it cannot be me', or 'it cannot be him/her': one is never the 'right' one to face the news of a terminal disease or a death.

Secondly, rejection becomes anger and resentment. Envy towards healthy people grows, or towards those who have no experience of loss; the statement "no, it's not true" turns into a question, why me? This phase is much more difficult for caregivers to cope with, as it does not have a precise target sometimes, but is projected in various directions without sometimes a precise logic.

The condition that follows is aimed at finding an agreement, or a compromise; a give to receive in practice. Some agreements are sought silently with God, not mentioned to others: it is an attempt to stipulate pacts, whereby the sick person through 'good conduct' asks the divine for concessions, such as prolonging life or being free for a few days from the pain that the illness brings. Or where the possibility to trade a life for another is indulged upon ("I would give my life for that of my beloved one").

In the fourth phase of depression, one no longer has the

strength to fight in anger but when all seems lost, there are no right words to define one's pain. This phase might correspond to when the patient is forced to undergo various operations and hospitalizations, and the signs of the disease show up in the body; for example, with thinness and weakness, or the loss of the work one did before the hospitalizations. It is a way of preparing oneself for the loss, for the encounter with one's limit. Or it is when we face the ineluctability of the loss of a significant person. People, sometimes, tend to mistakenly try to encourage and reassure a person going through this phase, but how do you force a sufferer to look on the bright and positive side? The risk is to delay if not avoid the complete contemplation of death; accepting one's pain, being in this condition and not denying it is useful for the patient's well-being.

Finally, there is the stage of acceptance, where anger and depression fade away: it is not a defensive evasion but almost an emptiness of feelings, where there is no pain but only peace. The relationship with the family, which is usually behind the patient who has reached this stage, in this phase is particularly delicate. This fifth and final phase is nothing more than 'I can't fight any more'; the person tends to desire only peace, accepts its limits or the mortality of the beloved one who has died.

Although well delineated, these five stages of grief may follow one another, but they may also coexist at the same time, even though some of these reactions to the tragic news are in contrast (Kübler-Ross, 1969).

Nowadays, there is an attempt to confine death to places that are designed to contain (and isolate) all the aspects related to loss, from the practical ones to the most symbolic. Hospices, in fact, not only aim to take care of the patient, but also of his or her family, and propose themselves as a response to these needs and fears. The Hospice Movement is strongly linked to palliative care and was born around the '60s in England, where the first facilities were set up. The characteristics are based on the typical features of homes (furnishings which can sometimes be personalized with personal items, privacy, kitchen, the possibility of not having a timetable for spending time with loved ones, etc.) and on those of hospitals (care and assistance). The palliative approach is a bio-psycho-social orientation that deals with the person in all his or her facets, since it pays attention not only to controlling pain and symptoms related to the disease but to all other needs of psychological, socio-relational, and spiritual nature. These vary from person to person, and this is why palliative care provides personalized care paths. Lastly, palliative care concerns not only the sick person, but also his or her family and/or caregivers,

and aims to improve the quality of life of the terminally ill person and his or her network of crucial relationships (Capozza & Testoni, 2012; Sozzi, 2009).

### EDUCATING ADOLESCENTS TO DEATH THEMES

The transition to adolescence brings with it a character of transient discomfort, as boys and girls find themselves in a period of transition between childhood and adulthood. Approximately, in this period of life, there is a tendency to violate boundaries, challenge rules, and overstep limits. The major manifestations may have either a dimension of melancholy and unhappiness or conversely manifest themselves in violent acts. Thus, two very contrasting responses arise, one intrinsic and one extrinsic. In the first case, one runs the risk of emphasizing suicide or self-harming behavior, while in the second case one can lead to real acts of bullying, which correspond to the behavior of both physical and psychological violence, for example, directed against one's classmates.

Death education includes a range of strategies and tools concerning death, the meanings attributed to it and the emotions it releases. This education relates to people's developmental stages, without causing trauma. An example could be through violence and suicide prevention courses aimed at adolescents and others. Another example concerns awareness of how one wants to die and how to be accompanied to death. Death education courses with children and youth have been designed to normalize the concept of dying, as this subject is completely censored by adults and parents. Thanks to death education, it is now possible to deal with these issues, to normalize the fact that everything ends, counteracting the taboo of naming death.

Death education was born in 1966 with the launch of the first university courses at Wayne University by Robert Kastenbaum, a gerontologist who was later very critical about the 5-stages model of Kübler-Ross and Kessler (Kastenbaum, 1998). While Europe lagged behind for some years, today, there are some important research centers on death: in France the Société de Thanatologie; in England the Centre for Death and Life Studies at the University of Durham, and the Death and Society at the University of Bath; in Italy, the Institute of Thanatology and Psychological Medicine, the Fabretti Foundation with its "Thanatological studies" inaugurated by Marina Sozzi, and finally the Master in Death Studies and End of Life at the University of Padua directed by Ines Testoni.

To promote this education in youth, it is necessary to create a space (both physical and mental) capable of accommodating the fragilities of each subject, able to

respect the contents that each one transmits, and make their emotional load accessible and processable. Thus, it is about constructing an educational experience that considers both the didactic and the relational levels. In previous studies (Cramer Azima & Richmond, 1989) the analytic group performed with adolescents showed the possibility to overcome the peer-pressure in the making of the dynamic matrix. This matrix also works as a safe base and safe harbour, as highlighted by the attachment paradigm applied to groups (Lorito & Di Maria, 2015).

To build such a safe space, we could use the group-analytic concept of set(ting). This notion can be broken down into two concepts: the set and the setting, deeply intertwined and interdependent (Lo Verso in Di Maria & Formica, 2009). The first concerns the visible part; frequency of sessions, characteristics of the room, duration, rules, etc. The setting, on the other hand, concerns the mental field and the relationships, hence the invisible elements, such as motivations, anxieties, emotions, models, sex, age, etc. The advantage of such a group-analytical concept is that it pays attention to both visible and invisible parts, allowing a complex relationship with the theme of death within a group.

### THE STUDY

The study we conducted was a survey to pinpoint emotions and attitudes developed by the youth around the theme of death, plus a group intervention in a small setting of five adolescents. The assumption was that adolescents are not immune to death and the problems of separation. Usually, people think that death themes can be understood only at a later age. But the public discourse and all kinds of media expose children and youth to death at very early stages. So educational settings can allow youth an experience of reflection and sharing that can put the pain and hardships of death in a matrix of elaboration among peers.

Our innovation was to pair an educator with a psychodynamically trained researcher, and put both under the supervision of a figure trained and specialized in group analysis: the experiential group allowed participants, starting from the macro-theme of death and mourning, to eventually unveil themes such as separation, detachment, and end of life.

### RESEARCH QUESTIONS

The main aim of the research was to explore the need for death education in adolescence. Specifically:

1. How easy was it for adolescents to talk about the topic of death?

2. Is there a need for education on death in adolescence?
3. If and in which areas had the respondents, despite their young age, experienced mournful events?
4. What are the contents of the dynamic matrix in the group intervention?
5. What representations and emotions do adolescents have towards death itself?

Moreover, the study wanted to shed light on how psychodynamic group conduction, within an educational setting, could help enhance research on death representations and support adolescents to deal with loss and separation.

### METHODOLOGY

In the wider frame of the research designed in collaboration with the local Hospice, a team from the University of Modena and Reggio Emilia (Unimore) ran a survey on death themes and a small group of teenagers to investigate the psychological representations of death.

In the early stages of the research, which are not presented in this article, the Hospice of Reggio Emilia had conducted training groups in high schools dealing with topics such as palliative care, end of life, and ethical issues connected to dying. Such training used 'circle time' in classes with adolescents but was lacking a psychodynamic approach to group matrices: it became clear, in fact, that circle time is a technique also used in class to discuss themes that can lead to the evaluation of the pupils, therefore maintaining the level of discussion to a purely rational level, exchanging knowledge and conceptualizing feelings. The part of the study that we present in this article, therefore, stems from the idea of exploring those matrices and improving the cognitive references.

The Hospice asked the research team of the Department of Education of Unimore to design a study in two phases; the first one a quantitative survey and the second one a group intervention.

In the survey, an anonymous questionnaire was administered to 100 boys and girls between 15 and 20 years old. The research team asked the 100 participants to join the second phase of the research. However, only 5 agreed to join in the second phase, as school was over and most students simply stopped any school-related activity. Thus, we moved on to the intervention through an experiential group consisting of the five adolescents who voluntarily joined the second phase of the research.

The collected data were analysed through frequencies charts and word clouds. The focus was put on the production of verbal exchanges that could help the researchers explore the nature of the psychic representation of death in adolescents.

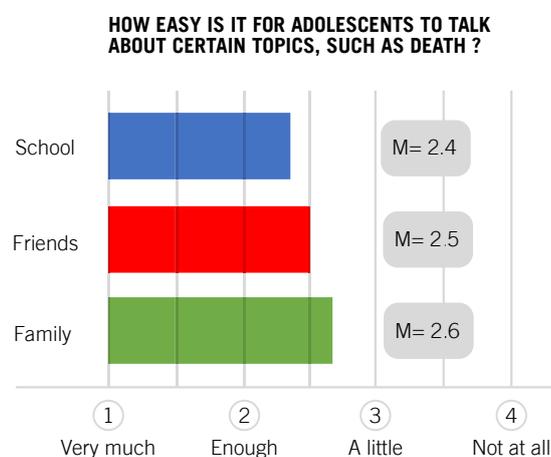
### PHASE 1

#### Tool

For the quantitative research, informed consent was first collected from the parents of all students (them being minors). An anonymous questionnaire was then submitted to boys and girls from Italian schools in the cities of Reggio Emilia and Modena and two catholic scout groups in the city of Modena. There were 100 participants, 79 girls, and 21 boys, aged between 15 and 20 years. The questionnaire consisted of ten items with open and close-ended questions, six of which were Likert scales with four points (very much, quite a lot, a little, not at all) and two with five points (strongly disagree, disagree, neither agree nor disagree, agree, fully agree). In one of the ten items, the participants had to write down the first three words that they immediately associated with the word death. And in one item the questionnaire asked if the teenager had experienced the loss of someone significant.

#### Results

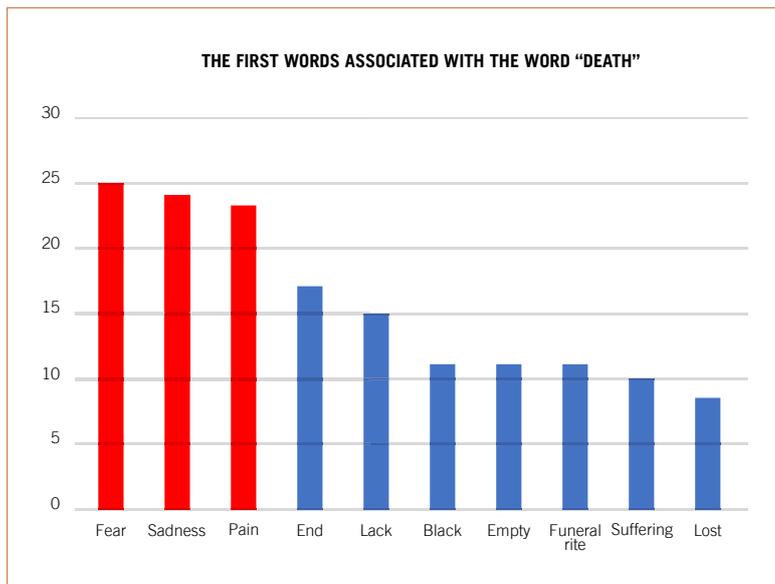
When answering the first research question, about how easy it was to talk about death (in the family, at school, or with a friend), the participants did not take sides. They tended to place themselves in the middle and central points of the Likert scale. Such an attitude could indicate in this case incertitude but also ambiguity and precariousness in the answers (see Tab. 1).



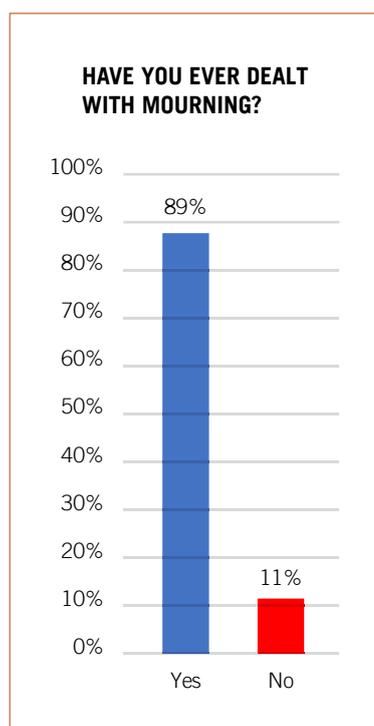
Tab 1. How easy it was to talk about death in the family, at school, or with a friend.

A wide range of words emerged from the responses to the question on naming three words related to death (research questions n.2 and 5). However, 25% of the participants associated death with the word fear, which was the most frequently mentioned word. Other words that were used several times were sadness and pain (see Tab. 2).

Almost 90% of the participants stated that they had faced at least one mournful event in their lifetime (research questions 2 and 3) (see Tab. 3).



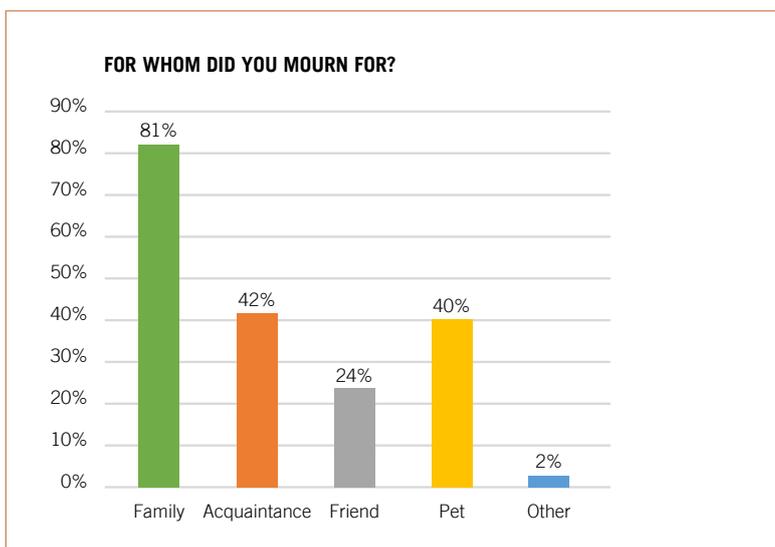
Tab. 2 Words associated to death



Tab. 3 Direct experience of loss

Moreover, the participants who had faced mournful events (research question n.3) indicated the context in which the mourning took place (see Tab. 4). Specifically, 81% of the subjects declared that the mourning

was in a family context, 42% involved an acquaintance, 40% involved pets, while 24% (that is almost one-fourth of the subjects) stated that at least one mourning event involved a friend. (see Tab. 4)



Tab. 4 Closeness of the death experience

## Discussion

It is incorrect to assume that death and mourning are not part of the adolescent experience. In fact, 89% of both boys and girls said they had experienced a bereavement event, and even in areas as close to them as friends and family. Even if one might think that there is a different perception of the concept of family among the respondents, it is still relevant to think that 24% of the subjects who answered yes to the question on the experience of mourning, had to face the death of a friend or at least a person considered as such.

One of the conclusions that can be drawn from the questionnaire is the tendency of the participants to look for a mid-point. However, since there was no "I do not know" point in the Likert scale, it is difficult to see a tendency towards neutrality of opinion in the questionnaire. To be sure that the central points sought by the participants are forms of uncertainty and disorientation, it would be necessary to reconsider a reformulation of the points and items present in the Likert scales, perhaps also inserting a separate item expressing neutrality or not wanting to express oneself on the subject.

In any case, it seems that when placed in front of an individual quantitative measure of research, teenagers tend to flee from the task, looking for a comforting non-position.

## PHASE 2

### Tool

In the second phase of the research, the conductors were both working on the group process and the investigation task, recording the verbal exchanges. The aim was: a) to allow the emergence of the quality and nature of the group matrix, made of thoughts, emotions and metaphors concerning death and life, (research question n.4); and b) to answer and explore representations of death (research question n.5). Personal matrices, derived from the individual experience of each of the participants, and the dynamic matrix from the group in the session were experienced, participated, and observed. The research team, after each session, analysed the transcribed text to check if the same words collected in the questionnaire had emerged in the group's exchanges, and what kind of discussions they would trigger among the participants.

A group of five participants was formed. All participants volunteered to take part in this second stage of the research, after submitting their questionnaires. The duration of each session was one hour and thirty minutes. There were five sessions in total. The first session was dedicated to the word *life*; the second session to the word *death*; the third session to the metaphors of *death*; the fourth to the metaphors of *life*. The fifth and last session was to wrap up the whole process and to prepare for the separation as a metaphor of death.

The first sessions started with a brainstorming in which the participants were asked to associate thoughts/words, and then emotions with the two topics of 'death' or 'life'. In the following sessions, each participant was asked to produce metaphors, individually, and then to work collectively to choose the one metaphor that could speak for the whole group. The group exchanges on the various metaphors involved personal stories, insights, funny anecdotes, and touching memories, and made the underlying themes of the matrix surface.

### Results

Many of the words that were reported in the questionnaire were also chosen and discussed in the experiential group. The word fear was reported among the words linked to the term life but not to the emotions linked to it (see Tab. 5). Both the word pain and joy were reported in the emotions linked to the term life. Other opposite emotions linked to the word life that emerged from the brainstorming were hate and love. When this ambivalence of emotions was pointed out to the participants, they linked the term love to a positive dimension

and the birth of a new form of life, and hate to a sense of injustice and to those who obstruct someone else's life.

CONCEPTS		EMOTIONS
CREATION		JOY
FEAR		LOVE
FREEDOM		LIGHTHEARTEDNESS
CARPE DIEM		PAIN
COURAGE		HATE
POWER		HOPE (2X)
TIME		FUN
DIFFICULTY		AMAZEMENT
GIFT		RIGHT
OBSTACLES		SATISFACTION
SWING		
TEST		

Tab. 5 Concepts and emotions related to the word life

Fear, which had been the most frequently reported word in the questionnaire, was repeated both in the words' and in the emotions' brainstorming (repeated three times) when associated with the word death. Several ambivalent emotions emerged as linked to the word death: e.g. happiness and sadness; serenity and disappointment; pain and joy (see Tab. 6). When challenged on this ambivalence, the group participants highlighted that the concept of death is "very complex and sometimes also fuzzy". Moreover, together with the words happiness and serenity, pain and joy were explained as the different faces of the elaboration of a loss.

Finally, a concept that was very present in this group was that of injustice. This was expressed three times in the emotions associated with death, and it was linked to other words and emotions, such as anger (that we find in the emotions linked to the word death). The injustice was related to the killing of the innocents and to the many wars around the globe. What causes anger in the participants was the fact of a human being killed by another.

CONCEPTS		EMOTIONS
OBLIVIO		ANGER
FEAR		DISSAPOINTMENT(2X)
ANXIETY		SADNESS
DISTRESS		FEAR (3X)
CERTAINTY		PAIN
LIBERATION		A
RANCOR		HAPPINESS
WEIGHT		JOY
SUICIDE		SERENITY
LIFE		REPENTANCE
LIVE		INJUSTICE(3X)
RELIEF		
START		

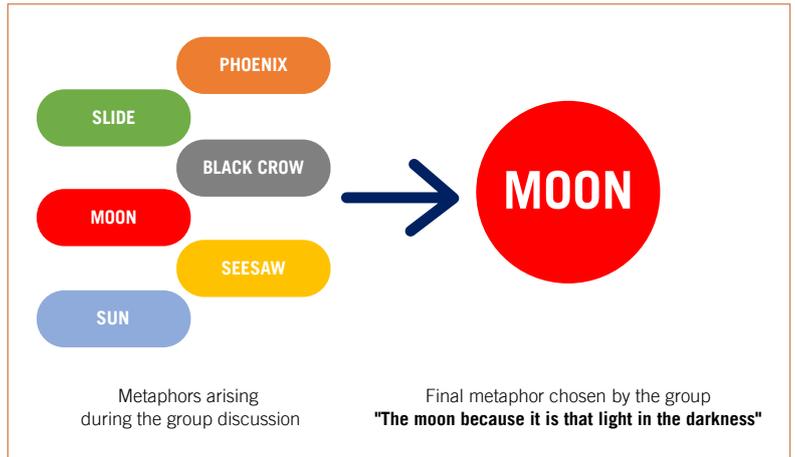
Tab. 6 Concepts and emotions related to the word death

The quality of the dynamic matrix of the death education group was examined from the use of metaphors that the group discovered to address the theme of death and life (research question n.4). When exploring the matrix underlying the educational group on death (see Tab.7), the group came up with six metaphors: the phoenix, slide, black crow, moon, seesaw, and sun. At the end of the session, the group chose the moon as the one metaphor that could contain and explain all the previous ones: the group in fact agreed that the moon shed light into the darkness.

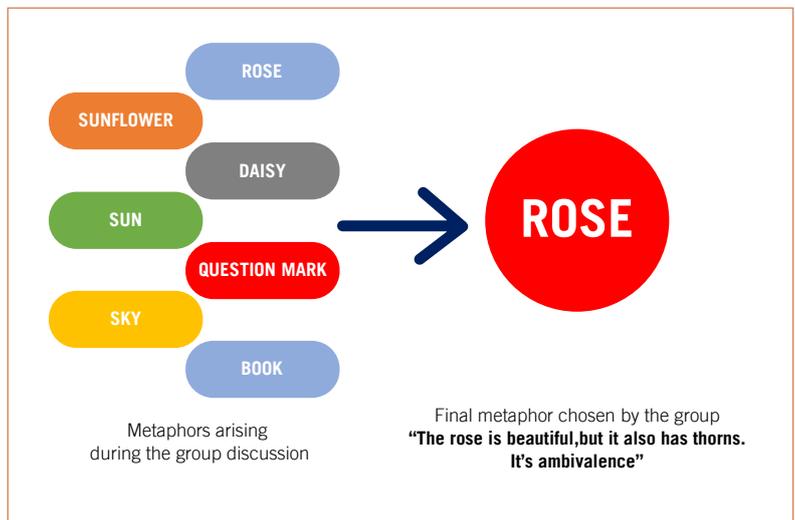
The same criteria were used to outline the metaphors for the word life and the following words came up: rose, sunflower, daisy, sun, sky, question mark, book (see Tab. 8).

At the end of the dedicated session the idea of the rose was selected as the metaphor for life, because of its beauty but also its thorns. Indeed, as explained by one of the participants, life is seen as a sequence of events "oscillating between periods in which you feel good and others in which you feel bad".

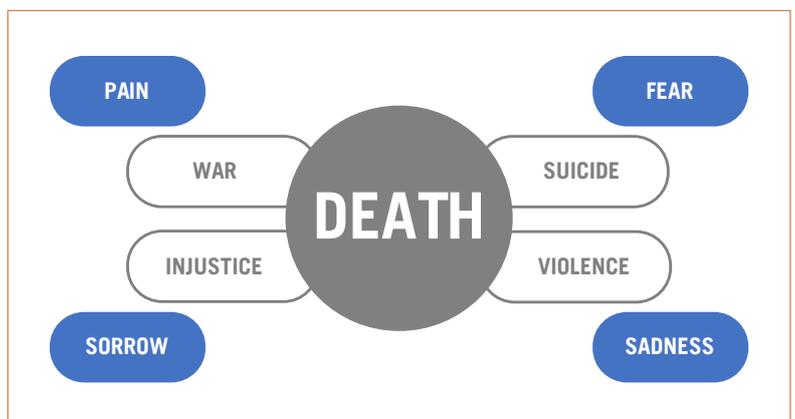
In the media representation of death, participants felt that only negative emotions are expressed: sadness, fear, pain and sorrow. And the same negativity is registered when it comes to the ideas that media seem to represent around the theme of death: war, suicide, injustice and violence. The ambivalence that the group felt about death, both emotionally and in their reflections, seemed to not be paired by an equivalent complexity in the media that only highlighted a negative narrative. On the contrary, the group unveiled a certain sense of liberation, conceived by one of the participants in association with the terms weight and suicide.



Tab.7 Metaphors for the word death



Tab.8 Metaphors for the word life



Tab 9. Media representation of death

## Discussion

During the working group, we have focused on the representations of death (question n.4), also taking into account the other research questions. The concept of life as 'ambivalence', which also emerged in the metaphor of the swing, became visible again. The most ambivalent group metaphor for the word life was the image of the rose because "the rose is beautiful, but it also has thorns, it is an ambivalence". With regards to the word death, the participants chose the metaphor of the moon because "it is that bit of light amid darkness". Unfortunately, this image of death as the moon was not explored in depth during the group work due to time constraints. It would have been appropriate to ask for more details about the meaning given by the participants to this last metaphor. In general, in the group discussions, darkness tends to be linked to death (see also some of the terms in the questionnaire: black and dark) and light to life (see in the group discussion: light in the words linked to the term life). It is not clear however if death is "the pinch of light" amid the darkness of an unjust life or if life (understood as light) is maybe that "pinch of light" amid death. In both cases, it seems that a form of ambivalence is still present. It should be noted that both the moon (later voted as a group metaphor) and the sun were thought of as metaphors for the word death. It is important to show that representations of death among adolescents are influenced by the media (Testoni et al., 2005).

During this second phase the participants, when discussing complex and touching topics such as death, strived towards the use of the group as a support for the elaboration of losses and separations. The group participants were able to translate thoughts into metaphors and vice versa, or even transform mental images into streams of thoughts. This helped the young participants to relate and to address the issues that arose spontaneously in the group itself. The research team noticed a growing awareness among the participants of their need to get in touch with the theme of death and their desire to talk about it.

The issue of social and media censorship around the themes of death did not go unnoticed during the group. To not collude with the silence and censorship that the group felt around death and mourning, the conductors spent quite some time facing the theme of adolescent suicide with the boys and girls of the group.

Finally, it was noted that the peer group created a reciprocal and active listening atmosphere. This led to the unveiling of emotions, positive and negative, anxieties, as well as being useful for experiencing a contact with the theme of dying.

## CONCLUSIONS AND LIMITATIONS OF THE STUDY

The results, without any ambition to be generalized nor universal, show that a group analytic perspective applied to educational groups allows participants to overcome peer pressure and the drive to anonymity (Zimmerman, 2012; Guyer et al., 2016) and help unveil authentic feelings, emotions, and thoughts.

The conductors of the group created a safe place where pain, frustration and anger could co-exist and where it was possible to become aware of the presence of death and the transience of things. Talking about death also meant giving voice to the idea that things have a beginning and an end.

One can never really be ready for death, but this kind of education could bring results from the point of view of how to deal with a separation, an end, a loss, plus knowing how to respect boundaries and limits. In short, it would lead not only to a greater awareness of the presence of death in our lives but also to the ability to cope with small daily deaths, which are the bereavements with which we must still come to terms (Testoni et al., 2018).

Further investigation should be made on the levels of satisfaction of the group participants, to verify the perceived effectiveness of the group process in the young participants (Yalom, 2008). Future research could focus on how adolescents deal with potentially traumatic events, whether they have sought support, whether they have been helped in any way, or simply whether they feel the need to have a space of reflection with other peers. More in-depth studies could also verify whether the sense of injustice, that the study detected, is a concept that is so close to the heart of adolescents, and if so, it could be useful to address the dynamics of what can be done to change or activate a change.

There was a great complexity of themes that emerged in the study, both in its quantitative phase and in its group experience. The use of a group analytic device to run the qualitative phase of the research turned out to be of great importance for the exploration of sensitive constructs like death. Researchers with any psychodynamic background, we believe, would highly benefit from group analytic training, when addressing complex issues and vulnerable subjects. Also, in schools, it would be important to create and plan specific curricula of prevention and elaboration of traumatic events. Therefore, to work pre, post, and during the traumatic event (always to be understood as the end and/or separation from something or a small/big failure). However, too often, people and even more so young people are left alone in their suffering, not

adequately helped, nor prepared to withstand the impact of a traumatic event that can lead to tragic consequences, such as suicide.

It would therefore be important for educators and group professionals to consider these issues to propose valid alternatives to the media, perhaps even using them as aids but not as the only educational resource. Being able to respond to adolescents' need to talk and be heard when traumatic events occur is a goal that educators should pursue. Boys and girls should not be left alone to face a traumatic event, such as death, bereavement, or separation. The knowledge gained from this research will provide a better understanding of the various representations of adolescents, which are strongly

conditioned by the media. All this could be useful for future interventions in high schools.

The major limitation of the study was on the sample size used in the study. As mentioned earlier, the group intervention was conducted too close to the end of the school year and only a few students agreed to proceed to the second phase. Yet, in this phase 4-5 different groups would have been more appropriate. Finally, only verbal exchanges were considered to highlight the representation of death and its matrix. Future research could better analyse and focus on interactions in groups and their possible therapeutic purposes. The possibility of failures throughout life could also be seen as an additional area of future research.

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# GUIDELINES FOR PUBLICATION

Revised on May 4, 2022

## CAUTION!

- \* Proofreading by native speaker is requested as essential.
- \* Only when the manuscript meets the following instructions can a peer-review process (mentioned later) be started.

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- Manuscripts can be submitted either in English or Spanish.

## TYPES OF REGULAR ARTICLES AND LENGTH

- **Scientific Research:** Scholarly articles that feature theory, research, and/or excellence in practice in the field of group psychotherapy and group processes. Submissions will be reviewed by the editor-in-chief, consulting editors, or other scholars. The main text must exceed 3,000 words but not exceed 5,000 words.
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## TYPES OF OTHER ARTICLES AND LENGTH

- **Invited Article:** Scholarly articles that were invited by the editorial committee. Submissions will not be peer-reviewed. They can be published as articles of Special Issue. The length is decided by the editor-in-chief in consultation with the author.
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## Reality, Space and Time: The Challenges in Online Psychodrama

### Realidad, espacio y tiempo: los desafíos del psicodrama en línea



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#### Abstract

In considering online psychodrama, two essential questions arise: how to achieve adequate involvement of the protagonist in the experiences in surplus reality on the virtual psychodrama stage and how to overcome the risks of insufficient or excessive involvement.

On one hand, when sitting in front of the screen, there is a risk for incomplete reproduction of the traumatic event in the surplus reality and insufficient emotional involvement. On other hand, there is a risk of too strong emotional involvement and immersion in the reproduced trauma in surplus reality, leading to detachment from the here and now reality. No less is the risk of overlapping the constructed surplus reality with the reproduced traumatic event, with the here and now reality of the protagonist, connected also with a risk for too deep sinking in emotions. We are exploring the answers to these questions in four presented cases from practicing training, when it was temporary moved in an online platform.

#### Keywords

Online psychodrama, Virtual room, Surplus reality, Psychodrama stage

#### Resumen

Al plantearse realizar psicodrama en línea, surgen dos preguntas esenciales: cómo lograr una adecuada participación del protagonista en las experiencias de realidad suplementaria derivadas de un escenario psicodramático virtual y, cómo superar los riesgos de una implicación insuficiente o excesiva. Por un lado, al sentarse frente a la pantalla, existe el riesgo de una reproducción incompleta del acontecimiento traumático mediante realidad suplementaria y una insuficiente implicación emocional. Por otro lado, existe el riesgo de una implicación emocional demasiado intensa, con la consecuente inmersión excesiva en el trauma recreado con realidad suplementaria, lo que puede ocasionar un distanciamiento del Aquí y Ahora. Un riesgo nada desdeñable, por tanto, es la superposición entre la realidad suplementaria construida con ayuda del acontecimiento traumático que está reproduciéndose y la realidad surgida del Aquí y Ahora del protagonista, algo que enlaza además con otro riesgo, el de un profundo naufragio emocional. Exploramos las respuestas a estas preguntas a través de cuatro casos presentados durante prácticas de formación, en el período en que se trasladó dicha formación a una plataforma en línea.

#### Palabras clave

Palabras Clave: Psicodrama En Línea, Sala Virtual, Realidad Suplementaria, Etapa De Psicodrama

## INTRODUCTION

For almost two years until now, during the peak periods of Covid-19 pandemic waves, the psychodrama training in our center moved to an online format for several months. One of the dimensions from which the effectiveness of psychodrama work depends is the degree of involvement of the protagonist in the experiences in the surplus reality. In the surplus reality created by the protagonist on the psychodrama stage, the protagonist recreates, explores and processes their significant event. Typically, the director follows the protagonist through the process. A therapeutic change in the protagonist's emotional and cognitive experiential world could be achieved if the change process takes place on sensorimotor, kinesthetic, bodily level. This can only happen if the protagonist is sufficiently involved in the emerging experiences.

In online psychodrama the risks are in both directions: On one hand, when sitting in front of the screen, there is a risk for incomplete reproduction of the traumatic event in the surplus reality and insufficient emotional involvement. On the other hand, there is a risk of too strong emotional involvement and immersion in the reproduced trauma

in surplus reality, leading to detachment from the *here and now* reality. No less is the risk of overlapping and impossibility to separate the constructed surplus reality with the reproduced traumatic event, from the here and now reality of the protagonist, also connected with sinking into emotions too deeply.

### GOAL

The goal of this article is to answer the following research questions: In online psychodrama, how can the director adequately involve the protagonist in the experiences in surplus reality on the virtual psychodrama stage? How can the director overcome the risks of insufficient or excessive involvement? We are exploring the answers to these questions in four cases presented from practice training in Psychodrama Center Orpheus, when it was temporarily moved to an online platform. Some cases were successful, some not enough; the goal is to learn from our own positive and negative experiences.

In accordance with the requirement to maintain the confidentiality of the participants in the described sessions, their names were changed and their consent was obtained.

### METHODOLOGY

This paper refers to the data collected from the written notes of the two trainers of each of the three groups, with additions or corrections from the trainees' notes. Data were analyzed in the staff meetings with the co-trainer as well as in the process analysis session with the whole group. This allowed the information in all written notes to be compared, corrected and the missed moments to be fulfilled. Some months after online training weekends, all group members were invited to give written feedback for their experience in this way of work. Some reflections from the protagonists of these sessions are included here.

These are the first four cases that, in the first months, challenged us with the difficulties of working with psychodrama online. They were discussed, analyzed, and from them we learned lessons for our next protagonist-centered works. They do not exhaust all the difficulties and risks in this form of practicing psychodrama, nor all the possibilities for overcoming them. Their research needs to continue.

### THEORETICAL BACKGROUND

According to David Kipper (2001), a prerequisite for effective psychodrama therapy is the ability, in the therapy room, to produce experiences that are of the

same emotional and cognitive quality as those that occur naturally in life, activating the sensorimotor, kinesthetic, emotional and intellectual functions of the brain (p137–152). In psychodrama this is achieved in a surplus reality, built on the psychodramatic stage, in which the boundaries of time and space fall away and the events are reproduced and experienced as *here and now*. For Kipper (2007), the goal of psychodrama therapy is to facilitate the correction, reformulation and reorganization of the “pool” of significant client experiences (p. 41).

We have many possibilities when practicing psychodrama in a real, three-dimensional therapy room, such as to organize its space in a way similar to the space in the protagonist's memory of the event and to produce experiences that are of the same emotional and cognitive quality as those that occur naturally in life. By sitting in front of the two-dimensional screen of a personal computer, the possibilities to wake up their sensorimotor and kinesthetic perceptions are significantly reduced. Because of the trauma's effect on the entire human system, the memories remain on the *sensorimotor level*. This is why Psychodrama is particularly appropriate for traumatized clients (Kipper, 1998). With their research, van der Kolk et al. (1996) demonstrated that such (emotionally) overwhelming experiences have never been properly coded and, therefore, could have not been removed from intellectually coded memory. Rather than being repressed, they are stuck on the sensorimotor level. Interpersonal neurobiologists agree that the most important finding of the century has been that experience has the power to change the brain throughout the entire lifespan (Cozolino, 2014; Siegel, 2012). This means new corrective experiences have the power to renegotiate the impacts of past trauma (Giacomucci & Stone, 2019).

The surplus reality (Kipper, 2001) arises from the temporary and protected removal of external and internal psychological boundaries. As Kipper (2001) emphasizes, it is extremely important to remember that this removal of boundaries and inhabitation in surplus reality can only happen in the action space of the psychodrama stage, in the therapeutic room, during the psychodrama session (pp. 137–152). Returning to the group space during sharing restores the boundaries of real time and space and is a smooth transition, a preparation for a return to the external reality of everyday life.

As Kellermann (2000) emphasizes, *involvement and distance* seem to be the two main forces that evolve around the central axis of balance within each session of psychodrama (p. 36). During the traumatic re-enactment, the director had to control and keep the balance between tension and relaxation, involvement and distancing.

In this way, in the midst of emotional upheaval, traumatized clients are helped again to find a sense of safety, to reconnect with themselves and others and to cognitively process their overwhelming experiences.

### DESCRIPTION OF CASE 1

#### The Risk of Insufficient Emotional Involvement

The group member Sonya, living far away from her parents, upon hearing that two other participants would not participate that weekend, shared that her parents would celebrate 50 years together in the same weekend. She wanted to go to celebrate with them and to honour them, but after long hesitation, because of her responsibility to the group, she decided to stay home and to be with the group. Sonya said disappointedly, "I am very upset and confused. When an engagement is made, it must be fulfilled! I fulfilled it, I am here, and what about the others? My parents taught me that I must always put others first."

The work started with the first scene of the inner dialog of the protagonist between the self-blaming part and the self-justifying part. After a *key*, discovered through successful doubling, came a memory from five-year-old Sonya in the kindergarten. Generally, Sonya had an agreement with her parents for two different behaviour options if neither of them would be on time to take her home. They negotiated in the morning which one to follow that day. The first option was to wait until they came to pick her up; the second one was to go home with the parents of the neighbour's child. One day they did not come on time, and she could not remember which one she was told to follow that day.

On the stage, in the second scene, through the monologue technique, we heard the hesitation of the five-year-old child, "If I go with the parents of a neighbour's child, and they come, and they see that I am not there, they will be very angry with me. If I don't go home with the child next door, they'll worry I'm gone." In such hesitation the child waited a long time alone with the last teacher, and in the end she went home alone. The parents were very angry with her, and here came the third scene presented on the online screen—the punishment—Sonya was put in the corner with her face to the wall, standing silent, during her parents' dinner, speaking between themselves, but not with her.

The director (the author) asked the protagonist to describe the room from her childhood—in the way that we all imagine it. On the screen stage with camera on were only the protagonist, and the two auxiliary egos, in the roles of her mother and father. They eat dinner and

converse as if nothing happened that day and they are alone in the room, not looking at their child.

The director asked Sonya to turn her camera towards one of the corners in her current room. Then she invited her to enter in the role of five-year-old child just after coming back from kindergarten alone, to receive the order for punishment from her father and to go to the wall corner, to stay there in the same way as she did in her childhood. The protagonist stands with her face to the wall, silent and listen the regular conversation of her parents (everyone of auxiliary egos speaking from his/her own small screen). After that came silence in the virtual room for several long minutes. The director asked Sonya in her role of five-year-old, looking at corner wall, what happened in her. She was in tears and answered, "They don't see me. As if I don't exist."

The director told Sonya that now her parents are listening to her and she could tell them everything that she didn't tell them there, but she needed to tell.

Sonya, through tears, cried out to her parents, "Look at me! I am here, I am your child! You don't care about me! You didn't ask me what I experienced waiting for you alone with the teacher for such a long time, wondering how to prevent your anger! And what to do so you don't worry about me. I was thinking about you, what to do, to be the best for you!" Sonya expressed all her pain and anger to her parents as a child, looking to the two auxiliary egos in the roles of her parents.

The director encouraged the protagonist to tell them how all these will reflect on her growing up and doing everything in the best way for the others, but not for herself.

In the present role of protagonist, Sonya explained to them how the whole of her life she was doing exactly the same, as they taught her—everything to be the best for others, not caring for herself, including this weekend when she is with the group, instead of doing what she would like—being with them, celebrating their anniversary.

After these catharses the director invited the protagonist to go back to the scene just before the punishment, and to take one by one the roles of her parents, knowing the risk for their child growing up with such education and punishments. Both of them (Sonya in their roles), realized how much suffering this attitude would create in their child. Crying, they apologized to her, told her how much they love her, and how much they wanted her to grow up to be a good and responsible person, but also to be happy, healthy, caring for herself. Instead of punishing

her, they apologized to her for the long wait alone with the teacher. They thanked her for the courage to come back alone, and how proud they are of her. Again, in her role of five-year-old, she heard these words from her parents.

The director verbally accompanied Sonya in walking into her room, as if travelling through the years until the present, calling out the number of years from five to her current age, growing with this new experience. With this new experience she entered into the last scene—redoing the first scene of her inner dialogue between her two parts. In this dialogue, this time the protagonist made a new decision on the topic of responsibility to others and to her self-care.

Later Sonya wrote, “At our first online meeting, I had to do personal work. To my surprise, I didn’t feel any difference from working live, in person. The work was done in the best way.”

## DISCUSSION

In the described case, in the surplus reality as a five-year-old child, presented on the online psychodrama stage, standing in the corner of her real room, the sensorimotor and kinesthetic perceptions of the protagonist awakened. Her experience was so close to her real experience *then and there*, that this evoked all of her strong emotions, suppressed feelings and words from that time. After their expression in the catharsis scenes as a child, now, as an adult, Sonya entered into a corrective emotional experience by redoing her early life situation in a new, healthy way. Reintegration of this new experience was conducted through travelling through the years with it, which contributed to correcting and reorganizing her pool of significant experiences (Kipper, 2001). In the final scene, in redoing the first scene of inner dialog Sonya achieved a new response to the old problem, which was called “spontaneity” by Moreno (1964). The therapeutic change in online psychodrama was achieved under the influence of a set of therapeutic factors: action catharsis, action insight, action learning, (Moreno, 1982) corrective emotional experience and reintegration of the new experience (Kipper, 2007), the same as in psychodrama in a real room.

In the virtual therapy room, the prerequisite for effective psychodrama therapy producing experiences of the same emotional and cognitive quality as those that occur naturally in life, could be fulfilled through using all resources of the physical space of the real room, from where the protagonist participates. In a two-dimensional virtual room, we have to use the three-dimensional space of the real room of the protagonist, including all

physical sources of sensations, in order to activate the sensorimotor, kinesthetic, emotional and intellectual functions of the brain to make the experience vivid and real enough.

## DESCRIPTION OF CASES 2 AND 3 Too Deep Emotionally Involvement in The Surplus Reality

### Case 2

In the morning group session, the member Katya shared that she felt emotionally shaken because her son from her first marriage, with whom she had a difficult relationship and many guilty feelings, was coming back the next day after a long time living abroad. During the warming up exercise, named “Time Machine”, directed by the trainee director, Katya was silent, deeply moved, with tears running down her face.

The Time Machine transferred participants ten years ahead, on the same day in 2031, and everyone was invited to tell where they would arrive, with whom they would be there, what they would be doing and, from that position, to give advice to themselves in 2021.

Katya waited for all other participants to do their vignettes, and when the trainee director asked her where she saw herself in 2031, after some silence came her answer, “I am gone. I was looking for myself and I didn’t find myself.” The trainee director tensed but asked what she saw around herself. Katya was with closed eyes and slowly answered, speaking with pauses of silence, “cosmic darkness ... and no one around me ... I have no matter.” Katya was speaking softly, muffled, she sounded somehow detached, absent. Her answers came after an extended period of time, it was difficult to attract her attention and to hold on the question.

This situation was too difficult for the beginner trainee director so one of the trainers (the author) took over directing the protagonist, Katya.

The trainer asked Katya, “Look at yourself in 2021. You see Katya in 2021, what do you see?”

Katya’s answer was, “She is alone. Nobody is around her.” Katya started crying, holding her hand clenched into a tight fist in front of her mouth, her body trembled with intense tension. The trainer encouraged Katya to let everything come out, removing her hand out of her mouth.

Katya started speaking through tears, “I’m alone. There is no one with me. There is nothing to be happy about. I’m all alone.” Katya was already crying out loud, followed by a deep sob and moan in the way that began to disturb her breathing. Her face expressed a rapidly growing intense fear, approaching panic, which progressively made it even harder for her to breathe.

The trainer instructed Katya, “Breathe, now you can breathe, you are already breathing evenly. Open your eyes and see me. You see me. Look at the group! We are all with you here. Look at every one of us—we are with you! You are not alone!”

The trainer asked the group, “Let us all breathe together with Katya! Let’s hear everyone’s breathing with Katya! We all inhale and exhale together with Katya.”

Everyone in the group inhaled and exhaled loudly in a harmonious rhythm with Katya. The trainer checked that Katya was again *in the here and now* and asked her whether there was something she could be happy about? The protagonist started speaking about her love for her children, about her fear of death and the moment she would die and not be able to enjoy being together with her children.

Later Katya wrote, “In the online format I did extremely strong personal work, in the Time Machine exercise, I experienced catharsis, sharing one of my great fears that one day will come when I will not be there and my children will live without me. Despite the skepticism about this format of work, during the session the director encouraged me to express aloud my great fear of death, to feel strong love for my children, through doubling I heard my own thoughts. I will never forget when the whole group was breathing with me!”

### Case 3

Another case of deep immersion in heavy emotions was with the trainee Asya, from another training group. This time the emotion was shame from humiliation, experienced in her childhood, awakened during a group session, leading to catharsis, and disturbing her breathing. Later Asya described this session: “Online, when the whole group was breathing with me, was one of my strongest experiences. I jumped into the trauma of humiliation, when I shared that I felt numb during one of my turns directing the group. When the trainer asked me, “What is numbing you?” I recalled somewhere between the ages of 12 and 13. I started sinking; I couldn’t stop crying and it became difficult to breathe. I wanted to hide myself, I hid my face and the trainer said to me, “Asya, you don’t have to hide your face.” The trainer continued

talking to me. She brought me back to the present. I remember the group breathing with me while I calmed down! I think I will never forget it! And it didn’t matter to me that we were online. I felt such strong support from everyone!”

### Discussion

The catharsis, the tears and the topic of death could be scary for beginning directors.

After removing time boundaries, moving away from *here and now* reality and sinking into surplus reality ahead in the future, or back in the past, sometimes the protagonist turns out to be too deeply involved in emotions in this reality, more than useful. In the virtual therapy room, there is a bigger risk of less well protected removal of internal psychological boundaries and losing control of the degree of emotional involvement of the protagonist. There the protagonist is alone in the space of her own real room. In the virtual space, holding the *here and now* live presence of the other participants could not be experienced as vividly as in the real therapy room. This could be more frightening, for both the protagonist and for the director, due to the physical distance and inability to provide physical support and possibly help if necessary. In the case of Katya this happened during the warm up exercise with elements of guiding imagination and future projection, with a person who came into the group in an unstable emotional state, due to acute family problems. In the case of Asya, sinking into the reality of child trauma of humiliation happened during her sharing of feelings as the trainee-director of the group. Both (Asya and Katya) worked later on as protagonists on what emerged from this experience.

The needs of the protagonist, the online approach and techniques do not differ from the ones used when working in the real therapy room. In the real room, when there is a risk of too deep emotional involvement of the protagonist and immersion in surplus reality, the energy, power, strength and support, pass to the protagonist from the hand of the director through the shoulder of the protagonist. In the virtual room, in such cases, they have to be transmitted only with words, tone of the voice, eye contact, in order to reach the protagonist. The director has to find creative and adequate way to allow the group members to express their support to the protagonist, according to his/her needs.

### DESCRIPTION OF CASE 4

#### When the Protagonist Participates from The Same Place Where the Traumatic Experience Took Place

At the first moment it could look easier, because there is no need of setting the scene—the protagonist is in it.

At the same time, this could be one of the most difficult situations in online psychodrama, which is illustrated by the description of the session with Zoya as the protagonist.

Zoya said, “I feel misunderstood by my husband. Once again, I want to leave him. I am leaving the marriage with a bag of clothes and nothing else and after that, I don’t know how to go on with my life.”

The protagonist was sitting with her laptop in her room together with her dog Eva, in the house where she has been living with her husband of 19 years. This was a big house, Zoya ensured us that her husband is in the kitchen, on the opposite side of their big house, and there was no risk that he would hear her speaking during the session.

The trainee director started the interview with Zoya and asked her when and where she was with these thoughts. The answer was that a week ago, after a conflict with her husband in the kitchen, Zoya was in the same room where she is now, hugging her dog Eva and crying,

The trainee director started setting the first scene she would like to explore, and Zoya described the room she was sitting in at the moment, together with her loving, small, young dog Eva. The kitchen has been the usual place of their conflicts, “It’s very scary there, like two planets colliding and moving away.”

Through the interview with Zoya in the role of the dog, followed by a psychodramatic dialog between her and the dog, the protagonist shared very heavy emotions of loneliness, confusion, fears, longing for love, helplessness, sadness, shame and despair. It was a long and emotional scene, in which the protagonist was immersed in these emotions, unable to distance from them. The trainee director asked the protagonist to look at this scene from a mirror position in order to expand her view of the situation. There were attempts for different emotional responses through doubling from the trainer, but the protagonist asked to stop the work, saying that she saw herself clear enough, having transformed her pain into wisdom. She told she would find a solution by herself.

Zoya couldn’t stand the whole sharing even though it was very supportive. She thanked us for the work, saying that it was helpful for her, but I think it was not very successful. The trainer asked the group to accept her wish to stop sharing, because it was clear that in the lunch break after her work she had to go to the kitchen, where her husband was and ...she need to went out of all these heavy feelings and to gather herself.

### Discussion

According to Kellermann (2000), the basic rules when working with psychodrama with traumatized people are very similar to those of psychodrama in general. In the first place, he defined the rule that the repressed experiences of the traumatic event have to be restored in a safe environment. Sitting in her room, the same one in which Zoya was suffering and crying a week ago, after the conflict with her husband, it *was still* a safe place for her, generally. *But now*, being too close to the “scary kitchen”, it was full of heavy emotions and *not a safe enough* environment for deep opening.

The fourth rule according to Kellermann (2000) is that an imaginary element of surplus reality is introduced to expand the protagonist’s worldview (ibid., p. 31). Surplus reality scenes can be applied in psychodrama with traumatized people to undo what was done and to do what needs to be done. This allows the protagonist to look for different emotional responses, not to encourage reality distortion. In the case of Zoya, an attempt to build a scene of surplus reality took place, but it was totally overlapping with her *here and now* reality. The place was the same (her room); the participants were the same (Zoya and the dog Eva). The only difference was the time—one week difference. It was not imaginary; it was the same space. For the protagonist, it was probably too difficult to differentiate the two experiences and this did not allow her to expand her worldview and to have a different emotional response.

The mirror technique can be used for some detachment from oneself and some distance from the frightening event when things get too painful (Kellermann, 2000). In this case, it was not possible for the protagonist to exit from the scene (her room) to see herself from outside and to achieve some detachment and distance from the frightening event.

Unfortunately, a sense of safety was achieved enough for a deep catharsis of actual emotions, but not enough for deeper work with the trauma and the conflict in Zoya’s session. The main reason for this was the overlapping the space of her *here and now* reality and the space of surplus reality with the traumatic scene.

This case could be a lesson about the risk of retraumatizing the protagonist in online psychodrama, when the place of traumatic experience, presented in a scene on the psychodrama stage, totally coincides with the real place of the protagonist during her session. It is better to avoid such work online if it is at all possible. This is true especially if there is a short time - one week between the actual event and the psychodrama session.

Even if the protagonist hadn't been retraumatized, she would not have been able to utilize the possibility of redoing and having the healing corrective emotional experience, offered by psychodrama.

Working with psychodrama in an online group made more visible the value of the experiences in the breaks between the sessions—where and with whom the group members are. There is a big difference if the protagonist has lunch with supporting group members, or with the real antagonist in the “scary kitchen”.

I hope that sharing this experience, is useful for colleagues. For me, it would be very helpful to read other psychodramatists' accounts of similar cases and possibilities for overcoming such challenges.

### CONCLUSION

In the two-dimensional virtual therapy room, in order to fulfill the prerequisite for effective psychodrama therapy to produce experiences of the same emotional and cognitive quality as those that occur naturally in the protagonist's life, we have to use the three-dimensional space of the real room of the protagonist, including all physical sources of sensations, to activate the sensorimotor, kinesthetic, emotional and intellectual functions of the brain.

In the virtual room, when there is a risk of too deep emotional involvement of the protagonist in surplus reality, the energy, power, strength and support have to be transmitted only with words, tone of the voice, eye contact, in order to reach the protagonist. The director has to find creative and adequate ways to allow the group

members to express their support to the protagonist, according to his/her needs.

In online psychodrama there is a risk of retraumatizing the protagonist, or not utilizing the effect of psychodrama, when the place of traumatic experience, presented in the scene on psychodrama stage, totally coincides with the real place of the protagonist during her work. It is better to avoid such work online, especially if there is such a short time between the actual experience and the psychodramatic enactment.

### LIMITATIONS

The sample is small. We need more research on this topic. Created by Moreno a hundred years ago, Psychodrama, on its stage, **gives** freedom of boundaries in time, space and reality. Psychodramatists are used to crossing boundaries in the surplus reality on the stage; maybe because of that we feel comfortable with jumping into the virtual reality of an online room. In addition, we are trained in spontaneity and this allows us to quickly find an adequate answer to the new problem—working in a situation of pandemic restrictions. Probably because of that we quickly transformed our online skepticism into online inspiration. The therapeutic process in online psychodrama is the same as in psychodrama in a therapy room (Tarashoeva, 2022). In online psychodrama, we have to pay even more attention to providing protection for the protagonist and the group while temporarily crossing the boundaries of time, space and reality and strictly following the rules. To achieve adequate involvement of the protagonist in surplus reality online, the director has to control and keep the balance between tension and relaxation, involvement and distancing more than in the real therapy room.

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## Implementing Tele'Drama During the Pandemic

### Desarrollos del Tele'Drama durante la pandemia



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#### Abstract

This article aims to offer an overview of Tele'Drama and its pioneering role in implementing action and experiential methods via online communication during pandemic. The main author of this article is also the creator of the method and believes that Tele'Drama is a particularly important part of the future of action methods, connecting people from various cultures, locations and time zones. Tele'Drama is offering a solution to people in various physical conditions and/or with limited travel capability, creating opportunities for inclusion by increasing equity in receiving mental health, and providing educational services, support groups and social events regardless of one's circumstances.

#### Key words

Tele'drama, Psychodrama, Sociometry, Action Methods, Online

#### Resumen

Este artículo tiene como objetivo ofrecer una visión general del Tele'Drama y su papel pionero en el desarrollo de los métodos experienciales y de acción a través de la comunicación en línea durante la pandemia. La autora principal de este artículo es también la creadora del método y cree firmemente que el Tele'Drama es una parte particularmente importante del futuro de los métodos de acción, que conecta a personas de diversas culturas, lugares y zonas horarias. El Tele'Drama ofrece así una solución a personas con diversas dificultades físicas y/o con capacidad limitada para viajar, favoreciendo las oportunidades de inclusión social, incrementando el reparto equitativo de la salud mental, y proporcionando servicios educativos, grupos de apoyo y reuniones sociales con independencia de las circunstancias individuales.

#### Palabras clave

Tele'drama, Psicodrama, Sociometría, Métodos De Acción, En Línea

### INTRODUCTION

Due to the Covid-19 pandemic, online conferencing formats, such as those offered by Zoom, have been the primary if not only possible option available to conduct meetings, therapy sessions and training since February 2020. Tele'Drama is a method for offering action and expressive methods training, therapy, counseling, and other interventions using an online video conferencing approach. Created as a method and coined as a term by Daniela Simmons, Tele'Drama has been gradually developed through experimentation and application since Fall 2017. The term "Tele'Drama" (with an apostrophe between 'tele' and 'drama'), was created to provide an original meaning. Its etymology comes from the Greek *têle* (Τηλε), "at a distance" and drama (δράμα) "action." The apostrophe between 'tele' and 'drama' indicates the presence of various action methods offered at the institute: Psychodrama, Sociometry, Sociodrama, Bibliodrama, Playback Theatre, Theatre of the Oppressed, Dynamic Theatre, Dramatic Multiplication, Expressive Therapies (including Dance and Movement, Art, Drama, Poetry, Music Therapy, Organizational Consulting, Supervision, etc.)

Moreno believed that "a truly therapeutic procedure must have no less objective than the whole of mankind" (Moreno, 1953, p. 1). His main philosophical concept was on the aim of implementing Sociatry – the healing of the societies (Moreno, Z., 2006). As an innovative expansion of Moreno's methodologies of international psychodrama, sociometry, and sociatry, Tele'Drama supports his goal of the healing of societies. The uniqueness of Tele'Drama as a method lies in its ability to create and engage both global community and generate a transformative global culture. Tele'Drama nurtures a global community based on characteristics such as mutual respect, reciprocity, trustworthiness, and empathy.



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Moreno implemented motion pictures and television to apply psychodrama in the treatment of married couples, families, and groups (Moreno & Fischel, 1942, p.7). Working at Saint Elizabeth's Hospital in Washington DC, Moreno did psychodrama group work on television (Moreno, Z. 1968, p.106). In 1964 at the Camarillo California State Hospital, Moreno was televised conducting psychodrama sessions weekly on closed circuit TV (Moreno, 2006, pp. 1453-a–1454). In 1966 he conducted a seminar at the State Hospital in Pueblo, Colorado, and asked his psychodrama session to be televised on closed circuit TV as a teaching module for the hospital staff (Moreno, Z. 1968, p.109). Another psychodrama session utilizing closed circuit television took place at the Southern Florida State Hospital in 1968. Z. Moreno wrote, "Psychodrama on the television screen becomes an excellent introduction to the psychodramatic method" (1968, p. 175). Hare and Hare (1996), noted that, "Moreno recommends the use of television, motion pictures, and simultaneous psychodramatic re-trials in many parts of the world to make a mass co-experience possible" (p. 63). Moreno (1963), defined Telephone Therapy and wrote, "If the technologist can replace the 'audio telephone' with a 'video telephone,' the patient and therapist could not only hear but also see each other in action" (p. 117)

Marcia Karp, an early student of Moreno and a prominent international psychodrama trainer, remembers Moreno saying in the 1960's that, "One day we could share situations all over the world by simply pressing a button. A fisherman in Norway, for example, could share his family dilemma about his son, with a father in Japan who has a similar issue" (November 2019, personal communication)

Moreno was often visiting people's homes, directing psychodrama with an entire family and any visiting friends (Zuretti, 2020, personal communication). In the virtual world of Zoom online meeting rooms, facilitators lead groups in an imaginative process of visiting each other's homes, seeing the participants' video images on the screen as windows into a different part of the world and individuals' homes.

Moreno believed that the psychological truth is often more real to people than the factual events that occur, because that is their truth, from their perspective. He defined this interpretation as poetical or psycho-dramatic truth because this truth is the only one existing, according to Moreno, in human consciousness. Moreno (1965), wrote that psychodrama includes experiences "beyond reality," or what he termed "surplus reality." The surplus reality is a "gain" for the protagonist who is able to bring to the psychodrama stage imaginary scenes, images and people (p. 211). According to Zerka Moreno, in the reality of our lives there are "invisible dimensions" that we have not been able to completely express or experience (Blomkvist, Rutzel, & Z. Moreno, 2000, pp. 212-213). In Zoom meeting rooms, directors help group members explore the invisible dimensions of their virtual space and their images as holding space therein.

Moreno (1965), believed that psychodrama and other action methods "brings the entire cosmos into play" (p. 211). This concept applies to the virtual reality of the online sessions, where the participants can be physically located thousands of miles apart, but psychologically are together in the same meeting space, involved simultaneously "into (the) play." Implementing psychodrama and other action methods online is beyond time, including people from various time zones; and does not depend on a certain physical location, but on the creation of group cohesion in the virtual space.

## VIRTUAL MEETING PLATFORM

Zoom is a popular virtual platform that is often used to conduct meetings, webinars, and workshops. There is an array of digital tools for both the user and the facilitator of the Tele'Drama. The assortment of options provides opportunities for the participants to actively engage throughout the entire process. Breakout rooms, chat, whiteboards with annotation, virtual backgrounds, filters, and screen sharing are standard tools the facilitator can use to ensure everyone is welcomed to participate. Breakout rooms are optimal for providing intimate small group discussions or opportunities for every applicant to practice engaging in an activity or performing a skill. The time allocated for an activity can be modified to adhere to a specific time frame. Also, the participants can be manually or automatically assigned into groups by the facilitator, and the facilitator can move effortlessly from room to room. The chat area and annotation tools are effective communication methods that support participants to voice their feelings and ideas in an organized, non-disruptive manner, and where an open exchange of communication is available at all times. It also provides an alternative method of contact for participants who cannot express themselves vocally using their microphones. The option to have virtual backgrounds in lieu of having participants personal space in view, serves several purposes. Virtual backgrounds give participants a sense of control in determining if they want to provide others access to their personal environment or to have it remain hidden and private. The virtual backgrounds can also be used as a resource to disseminate information or as a tool used to promote spontaneity and creativity.

In Tele'Drama, technology literacy can make a dramatic difference in the flow and overall experience for the facilitator and the participants. The facilitator should determine which resources could be easily implemented in the workshop. The facilitator should allocate time to instruct participants on using specific foundational tools such as screen sharing, gallery view, side by side view, hiding non-participants view, and accessing breakout rooms if given the option.

Zoom is continuously updating and adding resources to provide more adaptable online learning environments. A recent Zoom update allows facilitators to control the placement of their participants' video images on the screen. A facilitator can place the participants' video images to appear side by side in the frame, as well as "spotlight" specific participants. Both options give other participants the illusion that the selected participants are on stage and helps to direct the groups' focus. This is especially effective when directing psychodramas

or improvisational scenes. Another recent upgrade is the immersion option. This tool is useful for enhancing participants' perception of being a part of the same setting, the environment where their images are portrayed. It is a powerful tool for evoking playfulness and imagination.

## TELE'DRAMA FROM A WORKSHOP FACILITATOR PERSPECTIVE

It is essential to have an outline as a guide for any Tele'Drama workshop. The design contains information about the overall structure and purpose of the workshop. It is used to identify the learning objectives or expected outcomes of the session, the implementation of activities, and the duration of the session. Another crucial aspect to consider when planning a Tele'Drama workshop are the participants. That is, preparing content relative to their needs and considering how the participants can access the content provided in the workshop. Participants' access to the content is partially dependent on their knowledge and experience using virtual platform tools.

Facilitators must decide if it will be beneficial to email participants a document that briefly explains the format of the workshop and what resources the participants will need to participate. Also, participants have their individual ways of expressing and experiencing personal and collective narratives, so it is vital to establish contact with every participant before and at the beginning of the Tele'Drama session. It is advantageous to email participants a disclaimer about risks, confidentiality, self-care, and the care for others. Also, sending reminders about the upcoming Tele'Drama workshop will remind participants of the event and increase the likelihood of attendance. Information on how to join and participate in the workshop is provided in the body of both emails.

## LEARNING OBJECTIVES & EXPECTED OUTCOMES

Experiential and didactic learning are two structural formats used in Tele'Drama workshops. At times, Tele'Drama workshops are learning environment in which a concept is explained, with opportunities for participants to practice performing the associated skills, strategically combining theory and application. Other times, workshops focus on encouraging participants to take developmental risks by actively engaging in experimental learning to expand personal awareness or healing. An experiential Tele'Drama session uses expressive arts and action methods to help participants gain personal insight and skill development through active application, meaningful reflection, and objective analysis of the group's whole learning experience.

The overall time frame of the Tele'Drama session is impacted by the format and length of time allocated to engage in action method approaches. There are additional factors to consider when a Tele'Drama session is primarily experiential. The duration of time allotted for the session warm-up, main learning activity, and closure should also include time for transitioning between activities and processing what occurred; participants should be given ample time to share their experience of engaging in action method activities and ask questions to further their understanding. The session pacing should also provide time for the facilitator and other group members to "hold the space," providing a safe enough structure for participants to experience emotional catharsis.

### **SAFETY IN TELE'DRAMA TRAINING SESSIONS**

The Tele'Drama sessions are programmed for events to be collaborative, with all participants able to see everyone in attendance. The Tele'Drama modules are experiential, wherein group members have the opportunity to warm up, apply action techniques and share their experience, complete group projects and, in general, work in an environment as close as possible to one in a physical space. Safety is most important in directing action methods sessions, from appropriate Zoom meeting settings and technology to ethical and procedural recommendations for handling sessions, as well as safely and professionally directing and responding to the group's dynamics and individual member's catharses.

The Tele'Drama modules are influenced by the group dynamics. Working with online groups is a process that needs to be similar to working with groups in the physical space. Individuals might be sharing information in their group that is sensitive and personal, and it is important that they feel comfortable in the online environment; therefore, group members are asked to agree to a confidentiality requirement in online group sessions.

The groups at the Tele'Drama institute are multicultural. Respect for cultural and individual (and role) differences are critical, including those differences based on age, gender and gender identity, sexual orientation, race, ethnicity, culture, national origin, religion, disability, language and communication, and socioeconomic status. Participants are asked to attend while using a quiet and safe place with no other people present in their immediate physical space. Video cameras need to be on (i.e., "unmuted") during the entire session for better cohesion, confidentiality, closeness and connection between the members, and for director's ability to observe and handle possible abreactions among the group members.

To help group members feel safe when emotions are aroused, participants are invited to create a "comfort place," where they can take care of their physical needs and sit comfortably. Frequent reminders to breathe and relax also help participants stay present and engaged and promote their sense of wellbeing during the virtual meeting.

### **WORKSHOP ENGAGEMENT**

The facilitator is responsible for creating a welcoming environment. An inviting and receptive environment helps participants feel at ease, especially when they also sense it will be a safe environment for learning. Preparing a brief confidentiality statement is an effective way to convey that participants' privacy is valued. Providing information about the purpose of the session, the format, and expectations also assists in creating a safe structure, so that participants feel comfortable. Additionally, the process in which participants introduce themselves contributes to the socioemotional climate of the session. Honesty, trust, and self-exploration that helps foster a sense of security among the group members, can be achieved as participants introduce themselves using sociometry activities. These informal observations measure the interpersonal relationships in a group.

Sociometric introductions help develop a positive atmosphere by directing the group's focus on the commonalities between those present rather than highlighting their differences, thus promoting a sense of inclusion, and diminishing the potential for exclusion. Participants move away from self-conscious and self-critical analysis and move toward self-awareness and change. Sociometry activities, such as improvisational and playful greetings or visual representations, are commonly used to ignite participants' spontaneity, willingness, and self-permission to respond and participate in the creative processes that, in turn, can provide insightful observation and self-evaluation.

The warm-up phase is essential for preparing participants to respond, become vulnerable, and share their feelings and perspectives with others. The selection of action-method activities used during the introduction lays the foundation for developing group cohesiveness and participants' permission to engage in spontaneity and embodied expression from a safe and aesthetic distance. Movement is an effective method to support participants in becoming adequately prepared to engage emotionally in the main learning activity, the purpose of the workshop. Movement activities allow the participants to sense and communicate their emotions without being overwhelmed or under-distanced. The use of virtual ambiances

(atmosphere of a place), and improvisational role reversal activities also help participants to be present and in the moment. The warm-up invites participants to experience the art of play, the enjoyment of performing behaviors using images, symbols, and other vivid communicative methods. Metaphors and role-playing are implemented to spark imagination and expression. For example, as participants take time to introduce themselves from the role of an object or share a movement and sound that expresses how they feel in the moment, they are intuitively checking in with their feelings and slowly releasing tensions and worries, thereby opening to the possibility of experiencing something new.

The main activity is designed to help participants learn specific action methods, such as psychodrama. The main learning activity helps the group investigate and gain insight into their lives. Through enacting different roles, participants explore, reflect, and process their feelings, ideas, and behaviors. In Tele'Drama workshops, there are readily available resources to support the process. Available resources include any materials participants have on hand that they can potentially use to express their feelings and experiences. Within the virtual environment, participants can use and share musical resources, art materials, and other tangible items that can be used as a form of expression or symbolic representation. Additional resources provided by the facilitator may include images, PowerPoint presentations, and handouts. The graphical images create an atmosphere that ignites participants' imaginations. The resources are prompts for further exploration in an action method approach. The facilitator can also use PowerPoint presentations and handouts to disseminate information and share theoretical concepts. Other resources include the tools embedded within the virtual platform, such as Zoom's filters. There are also technological applications available on websites that provide access to additional tools traditionally used in in-person face-to-face action method approaches. One such resource implemented during a recent Tele'Drama workshop was a virtual sand tray.

Finally, the facilitator brings the session to a close by offering an activity that helps the participants reflect on what they experienced in the session. The transition into closing a workshop can potentially be a sensitive process, so it is important to consider the best possible closure prompt that would benefit the group's needs. It can be as simple as asking the participants to share a word or phrase that captures their experiences or insights. Participants may be offered a time to process their experience by asking questions within the group or of the facilitator. A description of their experiences can be illustrated by using their bodies to reflect their sentiments.

As a gift from the facilitator to the group, images that foster a sense of comfort, hope, or empowerment can be displayed. Whatever closing activity is chosen, the aim is to allow the participants to express how some aspects of the workshop benefited them, and concretize the learning they have acquired. That is, what resonated with them? What do they want to take away from the experience or leave behind because it is no longer helpful to them? What new skills or concepts do they want to implement in their professional or personal lives?

### TELE'DRAMA FROM A PARTICIPANT'S POINT OF VIEW

One of the co-authors of this article, a psychodrama trainer from Germany, contributed to it by writing her reflections as a participant at Tele'Drama training modules since the beginning of Pandemic. In March 2020, when most of the countries in Europe went into lockdown due to Covid-19, many psychodramatists were faced with the reality that in-person meetings would not be possible for the foreseeable future. Soon, some interested psychodrama directors were looking into the possibility of online psychodrama. When the German Psychodrama Association (DFP) posted a link to the Tele'Drama website, this trainer discovered that there was someone who already had experience using action methods online. In an international group she could see how other directors work, where there was much diversity and combined knowledge, and she was presented with a lot of possibilities. At first, she participated in practical "how to do psychodrama online" sessions and learned a variety of applications that she integrated in her online work in Germany. In learning how to use action methods online, she faced various challenges, such as getting to know the software, being prepared for Internet troubles, safety issues and creating a trusting environment where participants can open up. She discovered that Tele'Drama had already established protocols for these challenges and could help her continue training her students during this "lockdown" environment.

The participant shares: "I was in awe of the creativity of the presentations, the warmth and openness of directors and the group members, and the safe environment. Even through camera, the directors had an open eye for the group process and each individual. If the director thought someone needed help, she/he would reach out even after the session and make sure everyone was ok".

This participant-trainer realized that working online brings the world together as distance is no longer an obstacle. She enjoyed the benefit of meeting and working with colleagues from various cultures. When practicing

with her own groups in Germany, she felt that being in their own space gave her, as a trainer, and her trainees more confidence to speak and express themselves, and that now she had the opportunity to work with new groups from diverse backgrounds. Beginning as a participant, this psychodrama colleague has chosen the Tele'Drama method as an important part of her future career, being a certified practitioner and is now a trainer through the Tele'Drama institute.

### REPORT ON ONE OF THE TELE'DRAMA INTERVENTIONS DURING THE COVID-19 PANDEMIC

Although the beginnings of Tele'Drama dates back to 2017, it has gained considerable notice during the pandemic of 2020 and 2021, mostly in relation to its active response to the repercussions of the Covid-19 pandemic. Tele'Drama systematically implemented both field and research projects prioritizing the needs and distress of individuals and groups affected by the pandemic.

Tele'Drama's master team engaged in a wide scope of activities, both directly and indirectly and in line with its international vision and mission, through initiating collaborative teams of multicultural and multidisciplinary psychodramatist colleagues. Throughout the rise and persistence of the pandemic, mental health professionals listened to people who were in fear and distress. They were confronted with grief while working with individuals and families affected by ailments and deaths brought on by the virus. They took part in public mental health interventions; they were there to support healthcare staff who battled, and are still battling, on the frontlines against the Covid-19 pandemic. Meanwhile, they also had to take care of their regular clients. However, when it came to self-care and caring for significant others, mental health professionals did not seem to fare well and were observed to be prone to secondary traumatization.

Tele'Drama initiated a long-term group titled *Community Field Project for Helping the Helper: Bring Yourself and Your Cup of Coffee with You*, which was designed specifically to target the mental health community in Turkey. The no-cost online group connected mental health professionals, brought them together for a cup of coffee (a meaningful ritual in Turkish culture), share their feelings, and receive support from each other. It held the promise of creative play in the surplus reality (added reality); a most meaningful way to prevent burnout and traumatization.

This online emotional support group project started as a pilot in April 2020. It was followed by five consecutive workshops that concluded in July 2020. Each workshop

consisted of two consecutive sessions (each lasting three hours), spread one week apart. The whole project lasted for 12 weeks. Of the 175 people who applied to attend the project group 75 people completed the full 12-week group, including the pilot group (those who did not meet the application criteria were not included in the project).

The project was evaluated and monitored using the CIPP Model. The tools that were used were the Zoom personal information form, the digital tool Mentimeter, Maxqda 2020 and SPSS 21. The Zoom personal information form was used to ensure intergroup homogeneity and intragroup variety in professional background. The Mentimeter provided instant and anonymous feedback to participants, established data and served to monitor group activities. The Maxqda and SPSS programs were used to do qualitative and quantitative analyses. Participants were asked to complete and submit Informed Consent forms.

The majority of the participants were from two major cities in Turkey, Ankara and Izmir, with additional attendees from more than 13 other cities in Turkey; most were psychologists while more than half the total participants reported having no previous experience with psychodrama. Most stated being motivated to attend in order to experience online psychodrama, 88.5% of participants reported benefiting from the project, 88.5% thought the content was well-organized, and 90.4% of participants were satisfied with the harmony of the group leaders.

The use of metaphors and cultural motifs were found to be efficient approaches for facilitating expression of emotions, self-awareness, and discovery of coping resources. Participants reported the project to be beneficial in discovering and experiencing online psychodrama, and also stated that they had found online tools and online psychodrama to be reliable. The reported benefits of the support project were decreased sense of isolation, improved mood, increased relaxation, activation of inner and outer resources, and heightened sense of hope and empowerment.

Some of the participants' recommendations were to add more sessions to the project, not mixing persons with different levels of psychodrama experience, adding more body actions and games and more self-compassion activities; asking that the project be repeated was another recommendation. The project was orally presented twice to the international group therapy community. The first presentation included the preliminary findings and took place on November 2020 at the International Online Research Symposium of the International Association

of Group Psychotherapies and Group Processes (IAGP). The second presentation followed the termination phase of the project and was performed on March 2021 at the Online Research Committee Symposium of the Federation of Psychodrama Training Organizations (FEPTO). The owners of the oral papers, in addition to Tele'Drama, were the implementers of the project, and all were Turkish psychodrama trainers working at Dr. Abdülkadir Özbek's Psychodrama Institute.

## CONCLUSION

With this article, the authors introduce the development and specifics of the Tele'Drama method and some of the projects of the Tele'Drama International during Covid-19. The main purpose of the method is to expand international sociometry, training in practical applications of action and expressive methods, group counseling and other interventions through online video conferencing applications.

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## The Social Dreaming Matrix as a “double founding myth”: Explorations in the building of collective identity.

### La matriz social de los sueños como un “doble mito fundacional”: indagaciones sobre la construcción de la identidad colectiva



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#### Abstract

This paper examines the function of SDM as an experience of a double foundation of the mind and as a device which highlights the founding aspect of the dream and its semiophoric characteristic. The paper try to find out a vision of the function and the characteristic of the matrix thinking as a double foundation myth. The first is “symbolopoietic” and is characterized by its unsaturated and creative nature, that is open to new symbolizations. The second image is defined as “aetiological” as it is dominated by the annulment of the allegorical morphology of the image, which is transformed into a fact which obeys a precise cause. Finally the Matrix becomes the constituting of what we can call “the psychic intentionality of the social in becoming”. The study of dream icons is the final step to observe the concept of “semiophore”.

#### Key Words

Social Dreaming, dream, matrix, icon, group

#### Resumen

Este artículo examina la función de la Matriz Social de los Sueños (SDM) como una experiencia mental fundacional doble y, como un dispositivo que subraya el aspecto fundante del sueño y su carácter semiofórico. El trabajo trata de obtener una visión de la función y del carácter del pensamiento matricial como un mito de doble fundamento. El primero es “simbolopoyético” y se caracteriza por su carácter insaturado y naturaleza creativa, abierto a nuevas simbolizaciones. La segunda imagen se define como “ezológica” ya que está dominada por la anulación de la morfología alegórica de la imagen, que se transforma en un hecho que obedece a una causa precisa. De este modo, la Matriz se convierte en la constitución de lo que podemos llamar “la intencionalidad psíquica de lo social en el devenir”. El estudio icónico de los sueños es, por ende, el paso final para entender el concepto de “semióforo”

#### Palabras clave

Sueño social, sueño, matriz, icono, grupo

## INTRODUCTION

This paper examines the function of SDM as an experience of a double foundation of the mind and as a device which highlights the founding aspect of the dream and its semiophoric characteristic.

As a psychological device to analyze the social, SDM is a collective mental space which always refers to a context and is always impregnated with elements which characterize the specific culture. It becomes a work model of observation of what can be defined as *psychic intentionality of the social in becoming*.

In its representation of ideal social models SDM, in the “*place-space*” of the Matrix<sup>11</sup>, reveals the aetiopathogenetic dimension of the social (conflicts) and is thus useful in research, prevention, research-action and anthropological analysis work. SDM is therefore an original tool in the study of collective psychic intentionality with regard to the history and culture of a people and a shared social and political theme, deeply rooted in the unconscious dimension of the specific culture analyzed.

<sup>11</sup> “Matrix describes the space from which everything that exists in our Universe, indeed the cosmos, has its origins. Matrix exists before mankind developed groups. And it may well be that group is a defence against the experience of the formlessness of matrix. The social dreaming matrix, purposely convened in the here-and-now, is a reflection of the primordial matrix of humanity”. (Lawrence, 2003, p. 3).

In this sense, the dream is also a psychic foundation because it defines and reveals *group forms of psychism* in the Matrix. These forms and structures are present in the dream and are elements and factors *a priori* of the minds of dreamers and the Collective. Our basic assumption defines the Mind and the Unconscious as constants and not as variables.

In the oneiric experience regarding how the subject sees the representation of relations in the culture of belonging, these unconscious *a priori* forms are defined as *oneiric icons*. In the space of the Matrix they are founding elements which, in the associative modality of the process of building the SD, are in fact structural and processual elements of the Mind and are thus constant and not variable. We could define this as a “group foundation of the Identity”. We feel that the term icon allows us to understand why repetition and recursivity are central aspects of the work of the SDM as a device which reveals but also creates awareness in the Collective.

In this sense we regard the dream exactly as a semiophore. The semiophoric characteristic of the oneiric experience (Agresta D. 2016) is linked to the fact that the dream is already in itself a “carrier of meaning” - symbolic aspects, plots interconnected with historical events, memories etc. - and is thus the tool that facilitates the foundation of the group identity of the dreamer precisely in the experience of the Matrix. Unlike *things*, these object carriers of meaning or semiophores (as they have been defined) have the prerogative of connecting the visible and the invisible, that is, connecting events or people which are distant in space and time. In fact they have the capacity to go beyond the area of immediate sensitive experience in terms of psychic representability and construction and an affective link with the culture of belonging by means of images.

The oneiric icons are visual images of the dream, which represent and condense fundamental unconscious meanings. They are constructions through which the mind expresses itself, its past mobilized by the action of phantoms and its creative impulses. The icon is a visual structure which draws from the phantasmal past of the family and projects itself towards the future. In this sense it is a production of the transpersonal, a collective image through which the transpersonal represents its incessant processuality and its history in the time of the group.

### WORK FOR IMAGES, THE ICON AND ITS FUNCTION

Working in free association we can build a semantic dimension of the dream and thus translate a new dimension which puts the visible in contact with the

invisible into a cultural object (semiophore). From our research on passage and religious rites we have ascertained that SDM becomes a means not only of doing research but also of understanding some aspects of the mind which can be associated with what has already been observed in therapeutic groups. In a certain sense there is not much difference, but what we wish to underline in this work is that the Matrix is actually the founding element and thus essential to the building of the Collective Mind and that, ultimately, it coincides with the tout court oneiric experience.

The experience of SDM in the field of ethnopsychanalytical research and in particular in the study of religious rites and in the field of history has enabled us to make some important observations on how the matrix takes shape, what it is and what it represents in terms of the collective unconscious and hence of the social unconscious. The Matrix creates culture; it is thus founding. It is only a short step from rite to ritual and from the dream to the founding of cultural identity.

We have hinted at the anthropopoietic characteristic of the dream and we now feel it is important to better explain this concept. Francesco Remotti (2013) introduces this concept by associating the process of building social individuals by modifying the body: the modification and *dramatic* transformation of the body determines the building of social individuals. This aspect is absolutely fundamental to understand, in my opinion, the problem of the undifferentiated and the fragmentation of the body in the area of psychosomatics. It is also fundamental in the discovery of unconscious factors which determine the roles, relations and institutional functions in social organisations and groups. The community, that is, the corporal dimension in culture, also involves the social area. We would add to this a movement, of an exquisitely psychological-clinical nature, on the mind and above all on the oneiric experience as a system and a specific way of thinking of the mind. In order to build the body, the individual and the personality in a symbolic, allegorical and iconic way it is necessary to consider the dream a system, a process and an icon. These are three coexisting and co-present levels which enable the clinician to observe the building of the thought and thus of the individual.

In the absence of a cultural artefact we have the emergence of a dream and thus an icon, which builds the object in its aspect of being a shared and creative image. The contrary also happens and this is what basically builds our enquiry into the anthropopoietic question of the mind. What image?

What we mean by anthropopoiesis of the mind is easy to

interpret: man builds the mind from the experience of the body and from the body records and transforms, through relations, the mind (Agresta, D. 2016).

Building social individuals does not exclude determining individuals who, in their minds, are part of cultural and social groups. This aspect is equivalent. If we work by images, we work by memory. If the objects create memory, the semiophore - that is, the object carrier of meaning - is the proof of this with regard to the relationship between the body and the mind and vice versa in culture (ibidem).

It is not difficult to imagine how one can work from a perspective of anthropoiesis of the mind in clinical and research psychology. The dream is the most suitable tool. Working on the dream is the most useful experience. The clinician can observe and use the dream passing from narrative and language to imaginative structures which are common to all cultures and cross affective and emotional aspects in a complex and original space-time. We feel that the dream is the means to understand the anthropopoietic nature of the mind but also, as a consequence, man.

Therefore there is an actual collective dimension and a creative-symbolic dimension. In the model we propose, the concept of the icon explains in what sense founding aspects of the mind are constituents of culture. The icon is a sacred structure as it represents the creative dimension of the collective soul which expresses the sacred mystery of origins. The oneiric icon is a mental shape or a visual content of an image, which expresses a pure metaphorical potential and, like the artistic icon, is an allegory which implies some psychic realities hidden behind sensitive appearances. Such psychic appearances are nothing more than expressions of the unconscious, which is a mediator between mind and body, single and group, mind and culture.

The peculiarity of the icon is that it builds the object or psychological theme it represents visually because it possesses identical nature and substance. Being a construction it has a symbolic symbolopoietic value and thus a transformative dimension which is present, in the here and now of the group, thanks to the constellation of the associative content (Giovanni V.; Menarini R., 2004). As a product of the unconscious, the icon is a pure mental form which does not yet possess immediate imaginative, perceptive and symbolic presence. It really exists but is not directly present and expresses a project in development as it refers to possible events, something which could happen and so change (ibidem). Consequently the dream is a deep expression of the neotenic nature of the sapiens species and defines as

necessary a study of the process and not a separation of the mind and the body and vice versa.

Thus we mean the "anthropopoiesis of the dream", a psychic and corporal process in which the symbolized body becomes the narrative and construction of thought. As the anthropopoiesis is a process of construction and definition of the human identity, the analytical and processual work in the Matrix proceeds from an aetiological image (saturated matrix) towards a symbolopoietic image (unsaturated matrix): thus the dream becomes a semiophore, a carrier of meaning. The function of the icon, detectable in the matrix, enables us to study these phenomena of the mind. The two images are thus the passage from the transpersonal to the transgenerational; from the experience of a saturated matrix to an unsaturated one. These are two images that the SDM reveals in its process of construction and analysis. According to Menarini (2015) there are in fact two images. The first is symbolopoietic and is characterized by its unsaturated and creative nature, that is open to new symbolizations. This determines an opening to new allegorical connections. Thus this is not a structure with rigid content. The general symbolic tendency is thus expressed by motives and iconic themes of an oneiric, mythical, religious and artistic nature. As the symbolopoietic image is observable, it can clearly be considered open to inner subjectiveness and the development of the identity. The second image is defined as "aetiological" as it is dominated by the annulment of the allegorical morphology of the image, which is transformed into a fact which obeys a precise cause. It is a universal theme of static and repetitive nature, ideologically dogmatic and perceived as being completely objective: the identity of mass takes the place of the identity. This type of image cannot but be associated with that rituality which, by coincidence, is transformed into an ever increasing repetition of the particular, not of the maintaining of the process which would, in the case of the work of the SDM, be understandably necessary for it to be maintained. On the other hand, maintaining the particular as more and more complex and constituent the structure itself of the transformation of the Matrix would allow the phase of transformation on the underlying meaning and hence allegorical of the constituting of the rite itself in the fact that in the Matrix free association allows an amplification of the theme. This generative and transformed function is the equivalence of a rite on the dream, a rite of passage on the oneiric experience to create culture. The observation of this rite on social dreaming enables us to determine how the Community thinks. It can be assumed that the SDM is the tool which should be associated with work on the dream in order to define the identity aspects of a social group. In fact, according

to our model, the cultural dimension has its own mental base regarding the problem of adaptation of the social actors to the group of belonging, that is the capacity to be egosyntonic and egodystonic with the Community. The group setting is in fact a mental field which integrally occupies the oneiric space of the patients (Amaro, 1997), made evident by the characteristic configuration of the icons present in the dreams related in the group and refers to participation and involvement in the group itself. The mind, in fact, always has an affective base. This enables us to observe the possibility of discovering how the Matrix can also be, as we have already said, not only a mental experience but also a solution to a conflict - in the sense of a social meta dramatization - its structuring as a social symptom, that is, as a shared representation, "immersed in the unconscious" as if it had been removed, a problem of building an unborn identity. We feel that the concept of the work hypothesis is the solution to the iconic representation present and revealed in the Matrix regarding the constituting of what we have called *the psychic intentionality of the social in becoming* (Agresta D., 2016). Consequently the dream enables us to integrate the complex reality of the mind and the mental concept itself, which is equivalent to the unconscious process expressed in the conscience with reference to social groups and thus the culture of belonging. In my opinion culture does not exist without the presence of a psychic representability revealed in the dream. Thus building/relating/sharing a dream means building a thought. Representing a thought means building a memory, that is, objects which define a weight and a concrete contact - which is expressed in relations - with history. We believe that, in this sense, the central element of Social Dreaming is in fact the matrix as it is the neotenic place in which the Collective is found discovering its own identity. In other words, beyond its social value, according to Lawrence's innovative discoveries the dream of the SD Matrix becomes a place of creation and hence a founding experience of the mind precisely because it is located at a space-time level in a structure process which we call matrix in the sense of a space which involves, in the connection between the common elements of dreams, forming the "structure of the conjuncture". Social Dreaming travels in a unique and original temporality. Thinking, in fact, is a process through which the mental image of the object of the thought is freely manipulated. We can distinguish four different types or ways of thinking (G. Lawrence, *Tongued with fire*, Karnac, London, 2000): "thinking as being" which reflects the thought inherent to the human condition: such a thought is the background to everything we do. It is a background noise which accompanies our existence. Man also thinks about the way of improving his condition, trying to progress, imagining a future

state and striving to reach it. This kind of thought is defined as "thinking how to become". These two kinds of thought "being and becoming" tend to be associated with the light of conscience. There are two other kinds of thought which transcend the conscience and which are associated with the shadow of the unconscious or the infinite: thinking as dreaming and thinking as something known but not thought. The first of these is the way in which human beings experiment their daily actions emotionally while they sleep; in this way human beings have access to their immense unconscious part and thus the infinite thought present in their oneiric activity and culture. The "unthought known" (Bollas, 1989) is recorded in our internal world as an effect of the events of life. When similar events are experimented later in life, they evoke a memory of the initial forgotten experience. Such ways of thinking are connected to each other systematically since they interact with each other. Being fully conscious of these different ways of thinking gives us a mental disposition which refers to the faculty of being able to know and extend everything which originates from the conscience, time and environment in which we are immersed and which is revealed through the unconscious and infinite ways of thinking reflected in the dream. The process of giving the dream a narrative order consists in making the implicit content explicit and it is this that marks the beginning of the transformation of the thought.

Thus the Matrix is a place in which something is born because it is correlated, in its founding nature, with the dream. The Matrix without a dream is the equivalent of saying that the work of the Social Dreaming Matrix does not exist. We feel we are able to clarify the matter because we suggest that the SDM is a psychological device and not a method. The difference is in the fact that it is a device which maintains a firm relationship between dream, matrix, dreamer and culture. These elements are systems and structures which are already coexistent in the Collective since culture/the unconscious and the Mind are constant and not variable. We can define this building process as a "primary structured process". It permits a dialogical relationship between psychic instances and regards the mechanisms of self-representation of the mental apparatus according to the principles of Freud's theories (the Conscious, the Preconscious and the Unconscious; the Id, the Ego and the Superego). The primary structured process involves a work group and is analyzed in terms of free associations. The free associations can be interpreted as metonymic (movement) and metaphoric (condensation) rhetorical meanings. The movement concerns the symbolic meanings of the chain. The primary structured process translates the conflicts between the instances (the ES,

the Id, the Super-Id) into an internalized image, which has the specific structure of fables, literature, mythology and dreams (Menarini, Montefiori, 2013). The Dream, in fact, is given by images which enable us to observe the internal world of the dreamer and also express the world through which the dreamer tries to come into contact with his original identity. Although the dreamer is not important in the experience of the Matrix, in reality we discover some anthropological structures translated into images. The Matrix as a place and space is a primary psychosensorial experience. For this reason the dream, as a concrete and visible expression of the Matrix, can be considered a semiophore with an anthropopoietic function. The dream represents an attempt of the mind to speak about itself, its origins and the environment it creates. The dream is thus neither separable from the concept of the matrix nor from the place and space which we call matrix.

## THE MATRIX AS A CONCEPT, THE MATRIX AS A PLACE OF THE MIND

As we have already hinted, the observation of the Matrix<sup>[2]</sup> as a place of the mind cannot be separated from its appearance in the dream, which is the way through which the Mind structures and processes images and cultural elements on an affective basis which we call icons. We will try to clarify this passage in order to understand why we make this distinction between place, concept and experience regarding the term Matrix. During the social matrices we have carried out over the years, we have been able to notice that the dream can be subdivided into three levels of analysis and reading precisely with reference to the complex nature of the Matrix: System, Process, Icon (Agesta, 2016). Lawrence has defined the experience of the Matrix<sup>[3]</sup> as a multiverse of meanings, emphasizing the systemic and dynamic nature of the work associated with the SDM.

The question of defining a multiverse of meanings in the SDM allows us to clarify how the dream has its anthropopoietic and semiophoric nature in the same instant in which the collective, associating with it, creates new thoughts. As the dream is a way of thinking of the unconscious mind, we can also define how the characteristic - precisely from a social and anthropological perspective - of the mind is that of building individuals by means of images. By mental, as we have already pointed

out in a previous paper (Agesta, 2016), we always mean the experience of the other. The intersubjective aspect is expressed, in my opinion, through mental images, dreams, the body, social rites and interpersonal relations in the Institutions. All these elements are always within a cultural and hence group system and are always determined in the oneiric experience in order to to analyze them in their original dimension which we define as founding. Just as we can talk about *primary scene* in time in the Freudian metapsychology, we can also talk about *primary social structures* or hyperthemes of the matrix which in the SD we reveal through what Lawrence called the work hypothesis. In fact the oneiric image refers, going back in time, to multiple space temporal aspects linked to the history of the individual - in our opinion the individual is always the Group - showing that it possesses a symbolic nature *ad infinitum*. In this sense, according to the reflections which we propose, the dream has the characteristics of creating and founding the mind: for this reason its temporal dimension is *ad infinitum*.

Every Matrix is, in fact, a fractal vision of it. It is the past, present and future in the same instant in which the Collective experiences it. It creates the plot and develops it by transforming thoughts. At this point there is only an experiential difference between the Matrix and the dream. As the SDM is a device, it is the environment and also the deeply social experience which defines, in an associative way, the determination of the observation and the *hinc et nunc* creation of the identity.

We feel it is interesting to refer to a concept of Marshall Salins (2016) concerning the possibility of observing intersubjective aspects which are present and observable in history as "structures of the conjuncture". Sahlins (ibidem) states that the "structure of the conjuncture" is the practical creation of cultural categories in a specific historical context, expressed by the action of historical agents, including the microsociology of their interaction. The Author sustains that this modality of observation is neither fixed on the question of de facto social organization nor on the so-called underlying "social structure". In this way, according to Sahlins, we will avoid the risk, implicit in our ingenuous phenomenology of symbolic action, of seeing in the symbolic process just a more attractive version of the ancient juxtaposition between individual and society (ibidem). The Matrix is a container and a psychosensorial experience with an affective basis which

2 With the concept of "matrix" Foulkes wanted to indicate the place of conscious and unconscious communication, of transference, of transpersonal processes, as well as of the specific phenomena of the therapeutic group. The matrix is a psychic network of communication which is indivisible property of the group and is not only interpersonal but transpersonal.

3 *An Introduction to Social Dreaming* (Lawrence 2005, p14 ff), Lawrence distinguished between the 'Matrix' as both a form and a process, "as a form, it is a configuration of people that provides a unique space, or 'container' for thinking out of the content of dreams to consider and discover their hidden, elusive/infinite meaning. As a process, the matrix is the system or web of emotions and thinking that is present in every social relationship, but for the most part unattended and not acknowledged. It can be thought of as mirroring while awake, the infinite, unconscious processes in waking life that give rise to dreaming when asleep".

is determined in the formation of a “structure-process” defined as the building of meanings by means of dreams. This is our base which refers to what we have defined as the “structure of the conjuncture”. This dimension is linked more to the process than the structural dimension in and for itself, an equally fundamental aspect in understanding how the dream is also a system of thoughts. In working with the Matrix, in fact, we can observe that although the temporality perceived is *ad infinitum*, it is built, through connections and by means of free associations between dreams, like a transgenerational historical present. In this sense the Matrix develops as a double founding myth. The past, the present and the future are *now* visible in the images and the iconic dimension of the dream and in the hypertheme of the Matrix itself. Now if the dream is in the Matrix and the Matrix encloses the dream, it is clear that in the collective mental experience they are the same thing. In fact the dream and the Matrix now create a transgenerational and thus transformative space. The Matrix is now a place of the mind which is formed by a concept through which the Collective proposes work hypotheses. It is a dream. This is a dimension which can be observed by the Host during the associative work since it is a “dimension without space or time (transpersonal)” which, through the saturation of the matrix, appears as if it were photographed in a segment made visible in a mental dimension which is nothing more than the dream itself. I feel it is interesting to remember that the whole Freudian work is permeated by a relational model regarding the decisive importance of family constellations in the processes of building the psychic structure highlighted by metapsychology (Napolitani, 1987). The phenomenon refers to what René Kaes (1996) defined in terms of group forms of psychic, which, in turn, is shown in the experience that the subject has of himself in relation to his personal identity. This is the notion of group foundation of the identity.

In work with the SDM the Matrix assumes the function of pattern and unsaturated experience and is thus transformative. The interpretation would saturate the matrix with regard to how the work is carried out in this original device. The translation and the passage between the visible and the invisible - the semiophoric function of the dream - takes place with the creation of the theme of the Matrix, in its form and identification of the oneiric icons, that is mental objects which express the psychic intentionality of the dreamers. As the icons are mental events, they are potential symbols.

As the Matrix creates a complex representation by means of dreams which is repeated and modified in time (Agrega, 2016) - albeit putting its founding dimension at the base of its creative process - the network of dreams or the multiverse of meanings is a complex construction of social thinking.

## CONCLUSION

We feel that the SDM refers, in its creating and becoming, to the principles of Mandelbrot's set as it is fractal, non-linear and of an isotopic nature at a linguistic or rather semantic level. According to Greimas (2000) the isotopy is “a set of redundant semantic categories which make the uniform reading of a history possible. The isotopy is an intrinsic characteristic of the text, which must be recognized through the encyclopaedic competence of the reader. The overlapping of the common semantic traits (semantic overlapping) of two or more lexemes constitutes an amalgam, of which the isotopy is the result”. In our opinion the SDM (intended as fractal) is nothing more than a semantic field, a geometrical organization (mental field) of the dreams reported in the section. The semantic field of the SDM focuses on this type of isotopic characteristic and is built on the rule of free associations: the fractal is not linear because, in the hermeneutic session, the same interpretation functions as a transformation. If this does not happen, there will be a linear fractal which is repeated infinitely without a plot. The interpretation is nothing more than the capacity to find the narrative identity or plot. *Avoiding* the SDM, the interpretation creates a summation of connections which contain a part of the whole (the Hypertheme of the Matrix) and is developed in conceptual patterns (semantic subcategories) which have form (gestalt) in common and which are nothing more than an “anthropological ideal in being” in the Community. Social Dreaming is thus based on the assumption of “self similarity” of all the dreams as they are isotopies of a group field. The dream in the matrix is thus an attempt to free a personal and/or collective history from the bonds of a future necessity, that is, a symptomatological predestination. This is why the SDM represents ideal models of action and observation of the social in terms of conflicts or work hypotheses. The associative link is a representation of a possible semantic field to be transformed in terms of conflicts in one's culture of belonging. The Matrix observes its creation of the Identity.

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The Social Dreaming Matrix as a "double founding myth":  
Explorations in the building of collective identity.

La matriz social de los sueños como un "doble mito fundacional":  
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## A mentalizing approach to treating children with attachment trauma in group: Experiences from two cases

### Un enfoque mentalizador para el tratamiento en grupo de niños con apego traumático: La enseñanza de dos casos



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#### Abstract

The purpose of the study was to discuss the methodology and techniques from the perspective of the mentalizing approach and to examine significant aspects of the treatment processes of children with attachment trauma in group therapy. Two cases of children with attachment trauma were presented and discussed. It was found that in group therapy, the ability in children to form significant relationships was activated and developed. Attachment trauma took shape as a problem in relation with therapist and/or group members. Therapists tried to understand them through a mentalizing stance and tried to help develop a secure attachment. Gradually, based on the relationship with the therapists as a secure base, children began to approach other members, developing chumship with them, and relational bonds were strengthened, where traumatic events were described and accepted, and dissociated parts were integrated in them. Interventions for uncooperative parents were also recognized as an important key.

#### Key words

Attachment Trauma, Mentalizing Approach, MBT (Mentalization-Based Treatment), Group Therapy, Childhood

#### Resumen

El propósito del estudio fue reflexionar sobre la metodología y las técnicas empleadas desde la perspectiva del enfoque mentalizador y analizar los aspectos más relevantes de los procesos terapéuticos en terapia grupal de niños con apego traumático. Se presentan y analizan dos casos de niños con apego traumático. Se encontró que, durante la terapia grupal, se impulsó y desarrolló la habilidad infantil para formar relaciones significativas. El apego traumático se plasmó en problemas relacionales con el terapeuta y/o los miembros del grupo. Los terapeutas trataron de entenderlos mediante una actitud mentalizadora y de facilitar el desarrollo de un apego seguro. Poco a poco, gracias a una relación con los terapeutas como base segura, los niños comenzaron a acercarse a otros miembros, desarrollando compañerismo con ellos, fortaleciéndose los lazos relacionales, pudiendo describirse y aceptarse los hechos traumáticos, y permitiendo la integración de las partes disociadas. Las intervenciones específicas para padres no colaboradores también fueron reconocidas como un factor importante del tratamiento.

#### Palabras clave

Apego Traumático, Enfoque Mentalizador, MBT (Tratamiento Basado En La Mentalización), Terapia Grupal, Infancia

## INTRODUCTION

According to the Japanese Ministry of Education, Culture, Sports, Science and Technology (MEXT) (2021), the number of suicides among children under the age of 18 continues to increase in Japan. In the fiscal year 2020 (April 2020 to March 2021), 499 children committed suicide, an increase of 100 from the previous year, and the highest number ever recorded. Behind this increase is the issue of attachment - in which children are unable to ask for help from and trust others. In recent years, there has been increasing attention to the relationship between attachment challenges and clinical problems.

Attachment is defined as “a strong emotional bond with a specific other” (Bowlby, 1979/1989) and is characterized by “security and comfort” in a state of distress. In recent years, attachment theory has also influenced group psychotherapy research and practice because it has enabled us to shed light on and effectively treat psychopathology (Marmarosh, 2017). For example, Flores (2011) found the pathology of addiction



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patients to be attachment disorder; Bateman & Fonagy found that the pathology of borderline personality disorder includes attachment disorder, which damages mentalizing, and that enhancing mentalizing through Mentalization-Based Treatment (MBT), which is aimed to the group (MBT-G, Karterud, 2015) plays an important role there. When it comes to the treatment of children, Bate, Nikitiades, Hoffman, Allman, Steele, Steele, & Murphy (2017) also reported on the practice of Attachment-Based Group therapy, which is a parent-child relationship restoration/reform program focused on infants and young children whose attachment is at risk, such as maltreatment. MBT for children (MBT-C) is treatment that approaches attachment in childhood. This is practiced on a family basis. In addition, attachment issues here are viewed as a trans-diagnostic underlying factor and applied to a variety of problems on the surface. Nevertheless, it is effective in improving emotional dysregulation and poor interpersonal relationships caused by attachment-related trauma (attachment trauma). On the other hand, when it comes to group treatment, there is MBTG-A (Malberg & Midgley, 2017) in MBT (MBT-A) in adolescents, but none in childhood. Although groups seem beneficial for repairing attachment damage (Ezquerro, 2016), it does not seem to be sufficiently systematized.

Among these, “attachment trauma” is a particularly important concept. It is defined by (1) the trauma that occurs in attachment relationships, and (2) the negative impact that such trauma has on the ability to form secure attachment relationships. This occurs when children are left psychologically isolated and helpless in an unbearably painful emotional state in the course of fostering (Allen, 2013).

Attachment in children is fostered and maintained by the caregiver’s mentalization (Fonagy, et al., 2002). Mentalizing, briefly defined as “holding mind in mind” (Allen et al., 2008), is “understanding oneself and others on the basis of what’s going on inside us” and includes “keeping mind in mind and seeing oneself from the outside and others from the inside” (Midgley, Ensink, Lindqvist, Malberg, & Muller, 2017).

Mentalizing is indispensable for the development of secure attachment. It is also promoted in secure attachment. In other words, attachment and mentalizing develop in an interactive way. On the contrary, non-mentalizing engagement destabilizes attachment and reduces mentalizing in the attachment relationships. Attachment trauma is the result of such processes being undermined, for example by child abuse in the nurturing process. Lack of or excessive distortion of mentalizing is itself, and its consequences, a dysfunctional attachment.

Based on this perspective, the Mentalizing-Based Treatment (MBT) was developed by Bateman and Fonagy (2004) with the aim of promoting mentalizing. A method of treatment that adapts the MBT techniques to children in childhood is called MBT-C (Midgley et al., 2017). It seeks to repair attachment instability or deficit by increasing the ability to mentalize.

In terms of group therapy, it has become an essential component of MBT for adults with BPD, with very beneficial effects. Group therapy has also been developed and implemented in MBT for Adolescents (MBT-A) (Malberg, 2012, 2017; Muller & Hall, 2021). However, group therapy in childhood has not yet been developed enough.

Kimura, Nasu and Nishimura (2020) and Kimura and Nishimura (2021) adopted the “mentalizing approach” to group therapy for children, finding that the mentalizing approach is effective for emotional regulation and peer relationship development in children with attachment problems. “The mentalizing approach” is a method of applying a mentalizing perspective to therapies already in practice, in contrast to MBT

and MBT-C, which are structured therapies. Allen et al. (2008) argue that therapists can use this stance more consistently and effectively if they are mindful of the concept of mentalizing and understand that the basis of it is the attachment relationship. Kimura et al. (2021) reported that, although interpersonal problems occur in the process of building relationships between children in group therapy, development occurs when the therapist approaches them with a mentalizing stance (described later), so that when children become able to mutually understand the psychological state behind their behavior, mentalizing can occur between children.

The purpose of this study is to discuss the treatment hypothesis and methodology from the perspective of the mentalizing approach and to draw concrete aspects of the treatment of children with attachment trauma in group therapy. Specifically, two cases of children with attachment trauma will be discussed based on the case studies.

The nature and purpose of the groups were explained to the children and their parents before they joined the groups. After participation in the group, research consent was obtained from both parties to present the research.

**MENTALIZING APPROACH IN CHILDREN'S GROUP**

The group becomes a kind of laboratory for interpersonal relations and a practice ground for mentalizing. It is ideally a mentalizing community where there is a climate of interest in the mental states behind your own and each other's behavior. For this reason, it is important that the group feels free and safe to express themselves in any way they wish. Such a climate is fostered by a therapeutic stance, in which the therapist is not evaluating the members' actions but is curious about and positively involved in their mental state.

Figure 1 shows how the "mentalizing mode" is enhanced by a series of interventions and how a "breakdown" takes place due to events, either individual or group-based, leading to the "non-mentalizing" mode and how it is later restored. Therapeutic activities (activities, art, etc.) are introduced to facilitate, develop, and evolve such interpersonal relationships ("a. therapeutic activities" in Figure 1). In particular, because children are still developing, their capacity for mentalizing is limited both linguistically and cognitively. It is one of the key challenges in group therapy for children to develop their own mentalizing abilities. Structured programs in groups can be beneficial in themselves but are unlikely to change children's attachment challenges. More direct and constant interpersonal experience are crucial for important roles in the change of attachment.

There are 4 general steps of mentalizing intervention. Step 1: Empathy, support, and encouragement (including empathic validation); Step 2: Clarification, elaboration, and challenge; Step 3: Basic mentalizing (putting into words how you are feeling here and now. E.g., "How do you feel now...?") and Step 4: Mentalizing of relationships (mentalizing interpersonal relationships as they happen in the here and now). The general strategy is to carry out steps 1 and 2 when the group's sense of safety is low, and then proceed to the next higher step after the sense of safety has settled.

It is inevitable and unavoidable that there will be breakdowns in mentalizing processes which are triggered by events. It is important to engage with this, to understand, and to try to repair it ("b. interventions to restore mentalizing" in Figure 1). For children with limited mentalizing abilities, such as those with developmental disorders, it is a very challenging but very significant task to find ways of adapting to them so that they can mentalize their own selves and others.

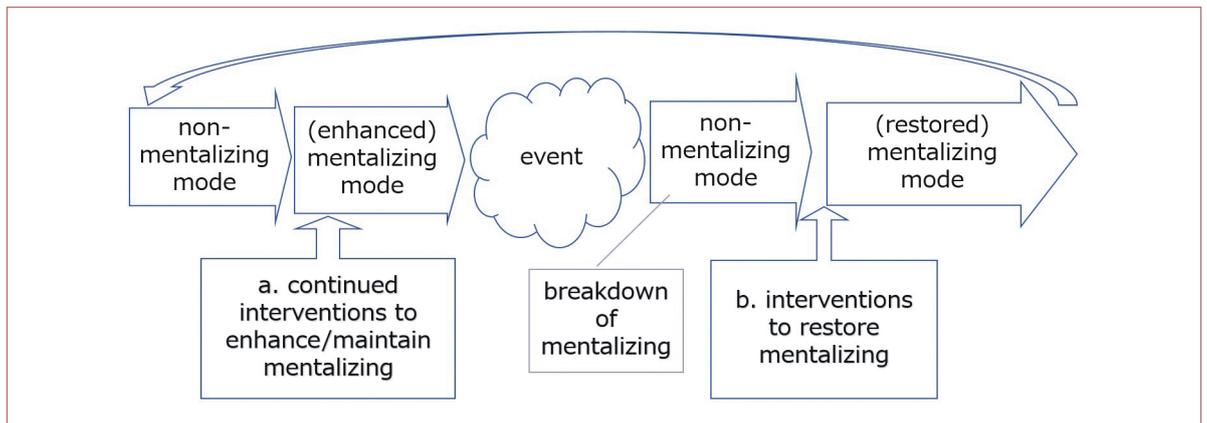


Figure 1. Process of mentalizing in group

A mentalizing approach to treating children with attachment trauma in group: Experiences from two cases  
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## THE GROUPS

The groups presented here were a free community-based program, organized by a university institute (aimed at children aged 7-12 years) to support their development and promote their growth, without focusing on specific pathologies or problems. About half of the children in the groups showed adjustment problems or developmental disorders (ASD and/or ADHD). They had been referred to our groups by the parents of other members, school teachers, and the public educational service in the district. The groups were organized by gender, with a clinical psychologist for each group as leader and volunteer undergraduate students working with them. They were supervised at each session.

The groups were held every Saturday for two hours. Their parents were able to attend a monthly psycho-educational group if they wished.

The program consisted of check-in, study, physical activities (game of tag, tree climbing, ball games, etc.), expressive activities (arts and crafts, role play, etc.), and “wrap-up”. There were group rules about confidentiality, safety, participation, and boundary maintenance.

## CASES

### Case A

A (6<sup>th</sup> grade girl): She had behavioral problems, such as shoplifting, and interpersonal problems, such as isolation at school, and went to a Child Guidance Center with her mother every month. She was referred to our group by a friend of her mother. Her family members were her father, mother, and an elder brother. Her father was often away from home for work.

A was fashionable and athletic. She teased people head on, even when they were adults. During the intake interview, she was hyperactive and restless, walking around the room and touching equipment. Difficulties with attention control were observed and she appeared to have ADHD tendencies. However, as if overwhelmed by her prolific daughter, the mother seemed flustered and unable to speak due to strong feelings, suggesting emotional neglect. It became apparent later. Because it was predictable that the group would become involved in A's problems (such as lack of attention and hyperactivity) and breakdown would occur, we aimed to achieve the therapeutic goal of helping A to feel safe in the peer group and to explore and talk about what was happening if some problem arose. It seemed that the emotional regulation of the therapists themselves and the group as a whole were also important in building the relationship with A.

### Process

A joined the group alone from the first session (it was unusual that she was not picked up by her parents, even though they were both working, as the group required parents to take their children to and from the group). She begged the group's therapist for a piggyback ride and made a lot of noise, but the members were silent and indifferent to A. A had difficulty verbalizing her emotions in a situation of heightened anxiety and tension and instead expressed them through physical contact and noisy behaviors. After the session ended, A told the therapist that, “I'm bored because nobody's home when I go home.” The therapist noticed that it was difficult for her to separate from them and said, “I think that you will be lonely when you get home and are alone because you enjoyed your time in the group.” A responded by silence.

After a few sessions, A began to verbally attack the therapist in the group, calling her a “hag”. The therapist felt A's strong ambivalence in their relationship

In an activity talking about her father before Father's Day, A refused to join that and said, “I don't want to talk about my family, because my family is strange. I have had bad experiences talking about them at school.” When the therapist said, “Oh, it must have been so uncomfortable for you”, A said, “If you know I don't like it, why do you make me do it!”. The therapist needed to pay attention to A's emotional state, but A's strong rejection made it difficult for her to regulate her own emotions and led to a breakdown in mentalizing. A spent the rest of the session distancing herself from the therapist. On her way home, the therapist said, “I will never hate you”, and A looked at her in silence and went home.

Talking about her father and family was a “hotspot” (Holmes et al., 2005) that destabilized A and increased her arousal; A's anxiety was intensified. However, the therapist's understanding of A's abandonment anxiety after a quarrel with her and telling her that “I will never hate you” were important interventions in continuing the relationship.

The following week, A attended the group as usual; she begged a volunteer student to carry A on her shoulders, and when the therapist saw this and said, “You're such a baby!”, to which A smiled and said, “Yes!”. A said that her parents don't give her a ride on their shoulders, “I don't talk to my parents anyways”. When the therapist said, “It must be lonely,” A replied sadly, “Yes”.

A few months later, A's mother called the therapist to tell her that A had stolen a handmade stuffed animal from a classmate at school. A's mother was so upset

that she cried, “I can’t do this anymore!” In the group a few hours later that day, A was not settled, wandering around her therapist. When the therapist said, “You look very unsettled today,” A shouted, “I’m always unsettled!”. The therapist replied to her, “I know you struggle to calm down.” Then she was almost about to cry but she did not.

She decided to go to a private school because she was afraid of being isolated in the public school she was supposed to enter. However, A got more stressed as the entrance examination for a private junior high school approached. She began to tell her group members about her unrealistic and exaggerated self-image as a “celebrity honor student” (e.g., “I always wear expensive kimonos at home” or “I study very hard and am in the top class at my cram school”). A’s academic performance was not good and such “fishy stories” seemed to be a struggle to cope with the unacceptable reality. A’s “fishy stories” continued for a few sessions, and the members enjoyed those stories instead of criticizing them. When playing a funny game in a session, A suddenly mumbled, “I’m an idiot...the junior high school that I will enter is lower level”. The members of the group replied with smiles and accepted A’s self-disclosure. After this session, A got closer to other members and was willing to be supported.

As a matter of fact, A succeeded in her junior high school exams and looked radiant at the last session of the group: “This group was a place where I felt relaxed and could release stress. I enjoyed it,” she said.

One year later, A joined a reunion program. A told the therapist that her parents had divorced soon after she graduated from elementary school. The therapist said, “That must have been difficult”, to which A replied, “Well...”. After some hesitation, A hugged the therapist from the front, and the therapist felt A’s pain and held her close, almost crying. On the way home, A said: “I’m going to look into abuse for my school report. Can you tell me about it?” The therapist agreed to her request.

### Review of the process

A had difficulty in affect regulation, attention control, and mentalizing skills. However, underlying this was a problem of attachment trauma, in which attachment formation in the family was underdeveloped and disorganized. She was traumatized by the pain caused by the relationship between her parents and was unable to form stable attachment with either parent.

She had poor experiences of being soothed when she felt sad or isolated. She behaved in such a way that no one would notice her loneliness. But actually, when she felt very lonely, she “acted out” that feeling by stealing

something lovely to soothe her instead of expressing the lonely feelings with her caregiver. In the group, she was unable to verbalize her difficult feelings, and expressed them through her behavior, which confused the group members and made them distance themselves from her. A also became aggressive toward her therapist when they addressed her hotspots that increased A’s arousal. She also sought a sense of security on a physical level (which is exactly what she had been seeking but had not obtained from her parents).

Later, after she found her therapist would never abandon her when she expressed any feelings, she formed a sense of security. Then, A began to approach her peers by telling “fishy stories.” The group accepted this way of approaching. It enabled her to self-disclose the real “shameful” and embarrassing facts to the group in a safe and natural way. The group functioned as safe haven and helped A to survive the difficult time.

### Case B

B (5th grade boy) was unable to attend school after he broke his leg while playing soccer in his fourth grade. His parents divorced before B entered elementary school, and his mother raised him alone. He had no siblings. B’s mother worked as a children’s nurse until late at night. A parent of B’s classmate introduced them to the group.

Early phase and Assessment: When B joined the group in the beginning of fifth grade, he spoke to the therapist in a respectful manner and looked like he had a serious mind. He said he was confident in playing sports and participated actively in a loud voice. Two months after joining the program, he said that his father was “scurvy”. He also expressed anger towards the therapist who was concerned about it, saying, “I wouldn’t tell you what I feel, you idiot!”. But the next week, he massaged the therapist’s shoulders and said, “I’m an apple polisher,” with an insinuating manner. Thinking that he was concerned about the last session where he lashed out at the therapist, the therapist told B that they really cared about B, and B didn’t have to please them. B smiled shyly.

The therapist thought that B was coping with distress by not activating his attachment needs, even though he was experiencing abandonment anxiety as a result of his parents’ divorce and still spent time without attention from his busy mother.

Therefore, we thought that he was superficially emotionally healthy, but he had difficulties regulating his emotions when he got stressed.

### Process

Several months after he joined the group, although B played energetically in the group, he sometimes got sick and vomited. Since he did not go to school and had little physical activity, his body did not seem to be able to keep up with the sudden intense exercise. However, it was inferred that he had a strong age-appropriate desire to move and have fun. When he played the role-play of helping a bully, B was good at helping, but when he played the role of being bullied, he quickly became at the mercy of the bully and could not resist.

B's absence from school continued and he began to lead a life where his days and nights were reversed, and he was unable to come to the group. Because of his continuous absences, it was difficult for him to form close relationships with certain members of the group.

In sixth grade, B began to attend school little by little. His participation in the group became more stable, and he began to play soccer with a boy at his age, leading other members to play together. He began to talk to his therapist about his family life, saying, "My mom had a drinking party and didn't come home until midnight." When the therapist said, "You might be lonely", B then responded "I'm fine". But in subsequent sessions, he talked about his mother's late return repeatedly.

Consequently, B began to skip group sessions again. After talking with his mother, it was clarified that she was causing B to be absent from the group due to not being able to pick him up for her own reasons. B's mother seemed to think that it would be difficult for him to come to the group by himself. The therapist understood the mother's stresses but thought that B might not be able to assert himself to attend the group and told her that it would be good if B could come to the group by himself on his bicycle. The therapist also suggested to B that he try to come to the group by himself. After that, B started to come to the group on his own or with other group members who lived in his neighborhood.

In the latter half of sixth grade, B's relationship with the group members deepened. In one session, the boy who led the soccer game with B said to him, "I thought you were in the fifth grade because you are not good at studying." When the therapist said, "I wonder if B might have felt something", B shouted, "I don't want to study!" He liked B's reaction, and later they discussed the difficulty of kanji (Chinese letters) and enjoyed the penalty shootout.

In such an atmosphere, B began to talk about how he felt when no one came to see him when he broke his leg, or how he felt when his mother drank until midnight, and

before he was afraid of spending the night alone. The members listened attentively to B's stories.

During the session where he graduated from the group, he expressed his sadness about separating from his intimate peer and the group and encouraged each other.

### Review of the process

B had experienced his parents' divorce and had a strong sense of loss that remained unprocessed. B's care (and fear of abandonment) for his mother, who worked late as a single mother, kept him from causing any serious trouble. This also meant that he did not have the experience of having his emotions such as anxiety and anger being regulated.

B was initially an active "good boy" in the group, but although he expressed his anger to the therapist about the topic of his father, it aroused anxiety in B. In the next session, B started to get into a good mood with the therapist.

Considering that B was anxious of being abandoned, the therapist tried to convey the message that the group would not abandon B no matter how he expressed his feelings. Thereafter, the therapist continued to focus on B's emotions.

As the process progressed, B's emotional regulation issues became apparent. When he felt strong emotions related to anger, even in situations where he was allowed to be assertive, he would freeze and not be able to feel those emotions (a sign of attachment trauma).

The therapist suggested to B and his mother that he should come to the group alone. The therapist also had him lead an activity (soccer) with a same-age boy in the group, and playfully encouraged B to be more assertive to him. By coming to the group more often, B's developmentally appropriate wishes to have fun and interact with peers was moderately satisfied, and his self-confidence was further strengthened through secure peer relationships.

B was able to verbalize traumatic events related to his loneliness and anxiety and share them verbally with the group members. As he was able to mentalize his own emotions, his emotional expression toward the members became enriched.

## DISCUSSION

### Mentalizing attachment trauma in children's group

Attachment trauma causes difficulties in forming attachment, including self-regulation and interpersonal

relationships. In a children's group, it takes shape through the relationship with the therapist and/or relationships with other members. For the therapist, it is difficult to build a bond with child with attachment trauma. However, by utilizing the mentalizing approach, therapist consistently tries to focus on child's mental states and seeks to make it explicit through activities and dialogue.

It is not the interpretation of the unconscious nor behavior modification. It is a process of carefully listening to and organizing its content into a story, and of finding "meaning" by exploring mental states. If verbalization is difficult, symbolization (whether in art or music) should be encouraged. If that is difficult, we can start by joining our attention and focus through physical exercises. Reflecting on the intention behind a child's behavior and responding through mirroring, clarifies the child's needs, increases the sense of being understood, and helps with self-regulation (Midgley et al., 2017).

The therapist may, however, unknowingly step into a hotspot. When this happens, the therapist needs to go back to the moment of break-down in mentalizing and adjust arousal level. At times, the therapist needs to acknowledge failures and communicate affection openly.

Based on such a relationship with the therapist, a child can start exploring the group, developing an age-appropriate desire for intimacy with peers and attempting to form a chumship, as described by Sullivan (1953). Subsequently, child can self-disclose through interaction with the members. In addition, through being accepted by members (empathic validation), self-inquiry is deepened and relational bonds are strengthened. Figure 2 illustrates how a child is connected with a peer in a group, based on the attachment with the therapist. A child may have conflict between "willing to tackle something novel" and "willing to maintain a sense of comfort." As the therapist works as a secure base, mentalizing child's curiosity and anxiety, she is encouraged to get close to the peer.

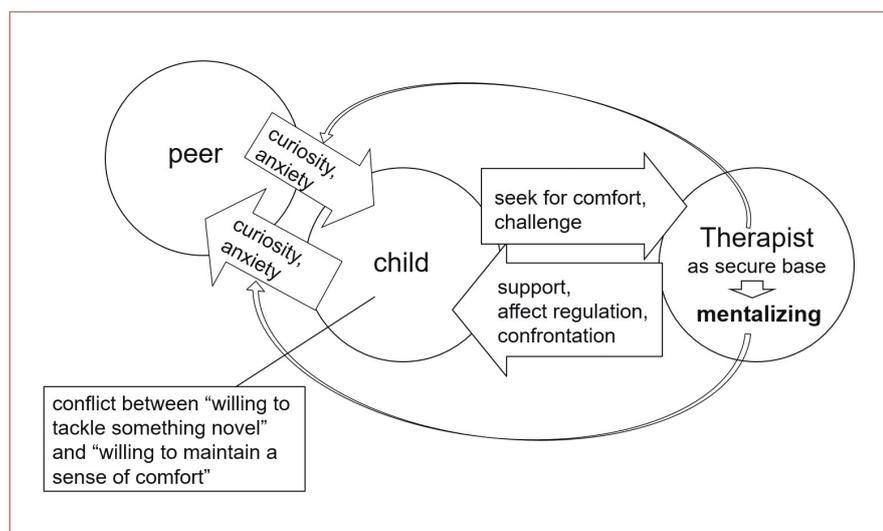


Figure 2.  
Attachment and mentalizing between  
children and therapist in group

### Treating traumatic events

Another aspect of attachment trauma is that traumatic events in interpersonal relationships are left unprocessed, leaving emotionally disruptive hotspots (Holmes et al., 2005). Our groups do not have any explicit purpose of trauma care. However, the materials of the group activities, especially the topics related to family, may evoke attachment trauma and bring up issues that need to be addressed. Talking about fathers in anticipation of Father's Day is a "normal program" and is not intended to embarrass children. Both A and B became more aroused during the "father talk" and had difficulty with emotional regulation.

Although a major "disruption", will take place, attachment can be formed through mentalizing about the disruption.

This can lead to discussions among the children, and emotional regulation can be done by the whole group. Through such events, it can be said that the core events of attachment trauma can now be incorporated into narratives and kept in mind without dissociation.

Children with attachment trauma tend to avoid intimate relationships. This is because their augmented need for attachment increases feelings of anxiety related to betrayal and abandonment within them. As a result, they tend to adopt a bland or likeable attitude, which is an effect of alien self (Bateman & Fonagy, 2004). The emotional outbursts of A and B on Father's Day were validated. The group can also handle "negative talk" and other playful forms.

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### Skinship, piggyback, huggy

Attachment is not the same as skinship. In psychotherapy, it is generally said that physical contact should be avoided, even when working with children. However, in our practice, children often ask for skin-to-skin contact, such as a piggyback ride regardless of what problems they present. In particular, it is common for children with attachment issues to ask for skinship. As the cases show, we do not reject such requests for skinship. It has never caused any problems. This does not mean that it is enough to offer skinship, but it is accompanied by understanding, i.e., mentalizing, mirroring, and explicitly verbalizing and sharing that it is a request for comfort - a request for soothing. It is important to express that their need is being acknowledged.

### Uncooperative parents

Our groups have no legal power for children and parents to adhere to the participation rules. When parents are uncooperative, some neglect takes place, directly amplifying attachment trauma. In those cases, the strengthened relationship with parents was found to be crucial. In terms of these cases, we needed to provide individual and/or family therapy to the parents of A and B. In fact, our group had a psychoeducational group for parents, separate from the children's group. However, A and B's mothers did not participate in that group. It was difficult in that establishing relationships with therapists, and pressuring parents to cooperate in such cases would likely be perceived as threatening to them. It is necessary to provide persistent and adequate encouragement to seek cooperation, while mentoring the parents about their difficulties.

### CONCLUSION

In the present study, we illustrated aspects of how group therapy utilizing the mentalizing approach can be useful through a case study of two children with attachment trauma. Group therapy is thought to promote the ability to form significant relationships in children which has been inhibited by attachment trauma. Throughout the group, the attachment trauma became tangible in the relationships with therapists and with members, where the therapists tried to understand it. Eventually, on the basis of the relationships with the therapists, children began to approach other members, and by being accepted by them, began to express and explore themselves.

In this way, group therapy with children was found effective in promoting the development of children's ability to form secure attachment, which has been hindered by attachment trauma, through the therapist's involvement with mentalizing attitude.

Through this study, we were able to examine the process by which therapists connect children with attachment trauma to peer relationships (groups). On the other hand, further examination of the subsequent developmental process of peer relationships is a topic for future research.

### NOTE

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## The psychodrama without the active use of the physical body: Psychoanalytical challenges at the time of COVID-19

### Psicodrama sin usar activamente el cuerpo: Retos psicoanalíticos de la era COVID-19



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#### Abstract

The coronavirus (COVID-19) pandemic has forced the implementation of online psychotherapy (OP) practice. A literature search has revealed the paucity of studies on the psychoanalytic approach to OP and the lack of clinical experiences of analytic psychodrama (AP) via the Internet. The present work aims to discuss the difficulties encountered and the resources offered by a brief account of group psychotherapy through the technique of AP realized via videoconference. With some adjustments, the online role-playing game was feasible through the two-dimensional space of the screen and allowed the patient to change his/her point of view, even if the AP technique struggled in the absence of the physical body in action. Performing psychodrama without the active use of the physical body, from an adaptation initially forced by the emergency situation, has proven to be an interesting psychoanalytical challenge worthy of deeper investigation and pursuit in the future.

#### Key words

Online psychotherapy, analytic psychodrama, role playing, COVID-19 pandemic, body in action.

#### Resumen

La pandemia por coronavirus (COVID-19) ha forzado el desarrollo del ejercicio de la psicoterapia en línea (OP). Una búsqueda bibliográfica desveló la escasez de estudios sobre el enfoque psicoanalítico de la OP y la ausencia de descripciones clínicas de psicodrama analítico (AP) utilizando Internet. El presente trabajo tiene como objetivo reflexionar sobre las herramientas ofrecidas y las dificultades encontradas, a través de un breve relato sobre las vicisitudes de un grupo psicoterapéutico empleando la técnica de AP, mediante videoconferencia. Con algunos arreglos, el juego de roles resultó factible en el espacio bidimensional de la pantalla, permitiendo al paciente cambiar su punto de vista, incluso cuando la técnica AP se mostraba problemática en ausencia del cuerpo físico en acción. La realización de psicodrama sin un empleo activo del cuerpo físico, una adaptación favorecida inicialmente por la urgencia de la situación, ha demostrado ser un interesante desafío psicoanalítico digno de una búsqueda y una investigación más profundas en el futuro.

#### Palabras clave

Psicoterapia en línea, Psicodrama analítico, Juego de rol, Pandemia Covid-19, Cuerpo en acción

## INTRODUCTION

At present, the COVID-19 pandemic and the fact that healthcare settings could be sources of contagion has focused wide attention on new models of psychotherapy that avoid face-to-face contact between practitioners and patients. *Video consultations* are among the more common psychotherapy options being offered and are already being rolled out in many countries as part of digital healthcare strategies (Greenhalgh et al., 2020). Despite the obvious differences from face-to-face therapies, videoconference therapies share the characteristics of audiovisual contact between patient and psychotherapist. At the same time, practitioners struggle to deal with the absence of the physical body in the psychotherapy session.

Psychotherapies via the Internet—called *Internet-based therapy*, *e-therapy*, *cybertherapy*, or *online psychotherapy*—have only recently been seriously studied (see de Bitencourt Machado et al., 2016 for a review; Weinberg, H., & Rolnick, 2019). Systematic reviews have focused on the effectiveness of online psychotherapy (OP) (e.g., Adelman et al., 2014) or on theoretical issues concerning psychotherapies conducted

remotely, such as “teleanalysis” (Scharff, 2010). As OP is in an emerging stage, it may still be considered a field of exploration, encouraging theoretical considerations regarding which models of psychotherapy are suitable or ill-suited. To date, only a few peer-reviewed studies have focused on psychodynamic treatments (Andersson et al., 2012; Johansson et al., 2012). However, the aforementioned treatments took the form of a self-therapy program based on psychoanalytic principles. Despite the limited number of publications on online psychodynamic psychotherapy, the newest psychoanalytic literature advises that many psychotherapists already use an online setting in their clinical practice (e.g., Brahnam, 2017), and there is also an increasing trend among practitioners toward a more general acceptance of OP. For instance, two books (Lemma, 2014; Scharff, 2013a) have addressed the establishment of psychoanalytic psychotherapy, supervision, and training via the Internet. Thus, they have moved the debate from the question of *whether* this should be done to *the conditions* under which it is advisable (Wood and Yakely, 2013).

The paucity of studies on the matter becomes even more evident when considering online group psychotherapy. The “adjustment” to online group therapy still seems more difficult and the group therapists that had to move online quickly found higher levels of professional self-doubt among them (Weinberg, 2020). Moreover, online group therapy research is still in its infancy, and much research is needed to determine the practicability of psychoanalytically oriented online groups. Thus, the studies on group treatments via the Internet are scarce (e.g., Baron, 2018), and to the best of my knowledge, this is one of the first study on analytic psychodrama (AP) performed online, except for some references to Morenian psychodrama (e.g. Fleury, 2020), which is not a psychoanalytical model.

To fill this gap in the literature, the present work aims to discuss the difficulties encountered and the resources offered by an account of group psychotherapy through the technique of AP realized via videoconference. Performing psychodrama in the absence of the body, from an adaptation initially forced by the emergency situation, has proven to be an interesting psychoanalytical challenge worthy of deeper investigation and pursuit in the future.

#### **BRIEF DESCRIPTION OF ANALYTIC PSYCHODRAMA: THEORY AND METHOD**

Psychodrama has been developed as a form of group psychotherapy for almost 80 years (see Drakulić, 2014 for a review). Conceived by Moreno in the early 1920s, it stems from the discovery that staging one’s own conflicts

helps to express inhibited feelings (Moreno, 1985). Today, AP operates in respect to Moreno’s tradition of role-playing, relying on an analytical perspective (Lemoine & Lemoine, 1973). As a new therapeutic technique, AP has been applied since 1956 in France. While at first it was applied for the care of children and adolescents with a variety of problems (Anzieu, 1979), it later proved to be successful for several psychopathological symptoms among children, adolescents, and adults (Biolcati et al., 2017). The AP technique is a post-Freudian clinical model that employs the psychoanalytic theory applied to the role-playing game. AP identified in the psychodramatic play, through its staging, a basis to interrupt the patients’ *coercion to repeat*. Indeed, AP simultaneously works to both raise awareness of mental content that is the source of suffering and to create more functional models of behavior and communication through the help of the group.

Concretely, patients sitting in a circle are invited to say what they think (*free associations*). Now, for the therapists, listening always begins by focusing on individual discourse, although the discourses of the various other individuals also arise during their mutual encounter and confrontation (Croce, 1990). At some point in listening to a narration or a dream, the psychotherapist chooses the representation of a scene that will take place within the space of the group itself, that is, in the middle of the circle formed by the patients. The psychotherapist therefore proposes a real situation to be dramatized and thus enacts the game. During role-playing, at the conductor’s discretion, it is possible to stop the associative flow and to implement one or more episodes of role-reversal to be interpreted both by patients and by *auxiliary egos*: this enables the subjects to better observe their own projections. The auxiliary ego is a member of a group who plays a role representing a significant other in the protagonist’s life, and is a therapeutic agent of the therapist (Karp & Farrall, 2014). Role-reversal offers the advantage of showing the protagonist his/her relationship scripts and how others see him/her, allowing the individual to become acquainted with his/her antagonist.

In addition, another work technique is *doubling*: anyone, patient or therapist, may go behind any character during the play and talk in his/her place. They are a voice for feelings or thoughts or intentions or needs of which the protagonist may not be consciously aware, or is not voicing (Karp & Farrall, 2014). Even the psychotherapist offers to be a double, and in this case, doubling assumes the meaning of a real analytical intervention. The psychodramatic play, which symbolizes a real situation or a dream, brings out insights and new thinking alternatives. Therefore, AP is realized thanks to the transitional space

of the circle created by the bodies of the patients and the therapist. Thus, AP is based on *role-play* and *role-reversal* exploiting the *enactment* of the *body in action* in the middle of the circle.

Now, is it conceivable to realize psychodrama via a web platform without the contribution of the bodies in action? Is symbolic play through the two-dimensional space of the screen possible?

### THE RESISTANCES OF THE PSYCHODRAMATIST AT THE OUTBREAK OF A PANDEMIC

At the beginning of the COVID-19 quarantine, the paucity of studies on online psychodynamic psychotherapy and the total lack of online experiences of AP led me to think that these methods do not have an application in fulfilling the urgent need for online encounters.

First of all, in psychodrama, as in dual psychoanalysis, there has been tremendous concern about violating the purity of the classical method when sessions are conducted online (Argentieri and Mehler, 2003). According to Scharff (2010), harnessing technology to the analytic aim may be a creative adaptation to the modern world, but it has raised many concerns about the frame, the emergence of resistance, the maintenance of the therapeutic alliance, and the sensitivity of response to the unconscious communication of affect and fantasy.

In addition, the central role of the body in psychodrama led me to believe that this specific treatment method is too difficult to sustain in virtual relationships (Scharff, 2012; 2013b). According with Sfoglia and colleagues (2014), I assumed that when a computer participates in the group analytic scene, the “magnetic field” weakens. Each type of online approach entails specific distortions, like the lack of sharpness in the environment, or not having access to kinesthetic interaction or the movement of the lower body. Furthermore, the issue of performing role-playing and role-reversal without the contribution of the body “at work” was added to all of this.

The first concern, in contrast to an in-person group, with the analyst and analysands in many different locations there may be a considerable difference in the setting for each of them (Aryan et al., 2009). Unlike traditional group psychotherapy in which the analyst provides and controls the setting, in videoconference the analyst and analysands think together about how to secure the frame, but analysands alone are responsible for the external arrangements and for securing the confidentiality of the at-home setting in which analysis occurs. Also, in overcoming the framing concern with a new therapeutic contract, the

real issue that psychodrama via videoconference faces is whether the role-playing is realizable without the physical contribution and functionality equivalent to an in-person game, in terms of allowing role-reversal and doubling experiences of sufficient intensity to evoke, in patients, a transformative effect on their dysfunctional behavior scenarios.

### PSYCHOANALYTICAL CHALLENGES AT THE TIME OF COVID-19

The outbreak of COVID-19 is also challenging psychoanalysts and group psychotherapists to overcome all aforementioned barriers overnight (Weinberg, 2020). The virus seems to be a greater catalyst for the implementation of OP in psychotherapeutic practice than two decades of many brilliant, but failed, attempts in this domain (Wind et al., 2020). As a result, after the initial resistance, I concluded that psychodrama, alongside psychoanalysis, is one of the few disciplines that could ensure the “humanisation of technology” (Aryan, 2013), and besides, psychodrama could help patients cross this psychologically difficult time. Indeed, the traditional setting has to be reimaged to fit the demands of the patients in a time of pandemic and social crisis.

The present article narrates, through a clinical vignette, the opportunity to perform a psychodramatic play in the absence of the body in action. The videoconference setting becomes the circle—the *physical and mental space of the group*—and the *word* becomes the *play*.

*The frame.* The new online setting has been redefined; the privacy and confidentiality rules were reaffirmed, and the agreement regarding the shared responsibility of the settings was established: thus, the psychodrama group moved to a web platform (i.e., Zoom).

The weekly sessions (one and a half hour in length) proceeded with free associations, which had to be elicited by the psychotherapist. Real scenes of life in quarantine and dreams have emerged, creating the possibility to play. Being “all in the same place”—that is, in the virtual room, limiting distractions to a minimum, and with the psychodramatist who directs the session with a firm voice—has created a “shared mental space” that has brought out symbolic games.

With a few adaptations, the online role-playing game was feasible and allowed the patient to change his/her point of view, even if the effort of the exchange was only a mental and verbal one. Indeed, patients cannot benefit from the help of positioning in space (e.g., with chairs) for role reversal. During role-reversal playing, the patient did

not act as if he/she was in the other's shoes, but he/she thought and spoke in place of the other without action.

### A SHORT VIGNETTE OF ROLE-PLAYING AND DOUBLING IN VIDEOCONFERENCING

The present vignette refers to an AP group of nine patients attending the Psychological Support Service (SAP) of the University of Bologna. It is a mixed-gender group of young adults with different anxiety-depressive problems. The group moved to videoconference after five months of psychotherapy in presence and continues today. This play emerged after 10 sessions of online psychodrama.

M. returned home to his parents after two months of quarantine. He is a 24-year-old man, a very good university student, but very lonely and struggling in his interpersonal relationships. He suffers from loneliness, social anxiety, and depression. Until now, he had never spoken about family problems, but one could sense a certain an affectivity and mutual indifference. On the contrary, his main concerns, about which he complained constantly, were of loneliness and feelings of exclusion from groups. Up to this point, in psychotherapy, he has admitted feeling excluded from the peer group but did not yet understand the origin of the problem; indeed, he has never questioned his parents and his story at all.

In the last online sessions, perhaps due to the period of forced cohabitation, M. began talking about a family from which he feels very distant: no dialogue with his parents and a weak bond with his younger brother. The mother is a strict Catholic, and when M. was young, she suffered from serious depressive problems.

In the present psychodramatic session, M. states that some days earlier he bought a book on the Koran due to a certain curiosity about recent breaking news on television. The mother, accessing his passwords, discovered the purchase but didn't say anything, became sad, shut down discussion of the subject, and denied having spied on her son. M. decided, with difficulty, to confront her. The script was as follows: the mother cried and at first denied the fact, but then she told him, "you can do what you want, but at the end you will realize that I am right." His mother accused him of doing this on purpose to hurt the family, of being different from his brother, of not being like them (the family) because he is always silent, closed, and indifferent. When M. explained his point of view on the book and told her that maybe, if he actually is so taciturn, this is also the responsibility of his parents, the mother said, "yes, we are to blame for having made a child like you." The script showed mutual culpability.

Among the group members, M. has chosen L. to play the part of his mother. L., in turn, has a mother with psychiatric problems who has a symbiotic, confused, and very conflicted relationship with her. The choice fell on L. probably because she may represent an intrusive and devaluing mother. The scene unfolded true to the script. As conductor, I proposed the doubling to the other members of the group in the role of the mother and M. The group was animated by the different positions. In the doubling of the mother emerged the difficulty of coming into contact with a son who was "out of control," who did not align himself with the family, and who reads potentially dangerous material; in the doubling of M. emerged a voice saying, "Mom, how can I open myself if you keep saying 'us' and 'you,' excluding me from the family just because I am different from you?" Next, the role-reversal happened; M. in the role of the mother felt the same fear in getting in touch with her son and understood that it was a problem for both of them not to find a way to communicate effectively. Back in his own shoes and after the verbalizations of the post-game group, M. felt less guilty about being "a wrong person" and connected his feeling of being excluded and unseen by groups of friends with old family themes of exclusion, devaluation, and maternal difficulties that until now he had denied.

One hypothesis is that the physical distance allowed M. to get closer to some themes that, because of social-shame problems, were not thinkable and playable. The lack of body movement in space—for M. a harbinger of shame—allowed a greater contact with the emotions of guilt and sadness that before were covered by social anxiety.

In my brief experience, it has emerged that for some patients, such as those with social phobia problems or body image issues, being present "without the body" provided more confidence in bringing to light some issues that had never come up before in the group. In addition, the doubling of the other members of the group, which were sporadic in person, were more numerous and fluid online. Words replaced the action of the auxiliary egos who stood behind the protagonist, perhaps because from their own position it was easier to let the words flow.

Clearly, these are all hypotheses and readings in progress. In my opinion, it still remains to be clarified whether having started the group in person was a facilitation (greater cohesion and trust) or an obstacle (greater nostalgia and resistance to change) to the transfer of the group to videoconference. The experience of an entirely online psychotherapy group could, in the future, change some of my current considerations.

## SHORTCOMINGS

In AP conducted by videoconference, there is a lack of movements, an absence of “missed acts” during the role-playing, and a lack of observation of the relationships of closeness or distance of the bodies’ members; all these precious elements for the analyst’s understanding inevitably get lost. Indeed, the body speaks and allows for the individual defending him or herself less than just the word. Furthermore, the analyst must inevitably be more directive in session, avoiding distractions that are more insidious on the platform, and thus renouncing analytical abstinence. In addition, the psychodramatist using the gallery view must always be vigilant to see all the patients (a condition which is very different when the group is in a circle), and this makes the online sessions very tiring.

## NEW OPPORTUNITIES OF ACTION FOR THE SPEECH

The inability to physically act out the role-play (psychodrama means “the mind in action”) forces patients to feel their emotions and turn them into words and symbolic play. In person, the word becomes the psychodramatic play, while online the symbolic play becomes the word. Not moving the body prevents distraction from the emotions, unlike in acting, and makes the word emotional and exciting. The ability to identify in the other remain, allowing the game of “as if.” The symbolic meaning of the choice of characters among the members of the group continues to be a precious aspect that can be interpreted by the analyst.

The online platform blocks real movement, but the fantasy that is no longer held back by the action of the body generates dreams that are narrated. By standing still, more dreams emerge. Furthermore, the way each patient uses technology can be the subject of work and interpretation. Among the other members of the group, rigid and obstinate S. remained immobile; R., seductive and provocative, changed position every moment; L., who has problems with body image, pretended that the video did not function. The new setting became an object of work.

## SOME PRECAUTIONS AND DRAFT GUIDELINES

These early experiences have suggested a number of provisional guidelines that may help in the development of remote therapy programs.

- Clarify and agree upon the frame with extreme rigor by giving it meaning.
- Talk about privacy and confidentiality in a transparent way, diluting the persecutory aspects of the online setting. With regard to this, it is therefore very important that psychotherapists have a thorough understanding of the platform being used, including the security settings.
- Clearly explain the role-playing scripts, and it is preferable to have two or a few characters and role-reversal to avoid confusion.
- Encourage a good deal of doubling during and after the psychodramatic play to keep all patients within the “shared mental space.”
- Assist the patient to hotly verbalize own emotions in that particular role with which he/she have just identified him/herself.
- As the analyst, speak in a firm tone of voice to serve as a supportive guide and convey emotional closeness.

## PROVISIONAL CONCLUSIONS

Psychodrama via videoconference works with role-reversal, dreams, and free association, sometimes more easily online for those analysands who are inhibited by the bodily presence of others. So although some areas of exploration are lost, other areas come to the fore. As the sessions continue over time, the issues are revisited and worked through.

It is clear that there are both advantages and disadvantages in the use of videoconference for group psychotherapy, but surely AP without active physical participation is possible and potentially useful, representing a challenge that forces us to rethink the method by improving it.

For future research the observations here could be useful to the application of online AP for clients with serious mobility issues or physical disabilities who otherwise might be excluded from such groups or unable to fully participate, as well as patients who live in isolated settings, such as low-population rural areas or who are incarcerated.

However, beyond the clinician’s favorable impression, future lines of research will have to provide evidence of the effectiveness of online AP in clinical practice.

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## A Paradigm Change? Entering the World of Online (Group) Therapy<sup>[1]</sup>

### La introducción de la terapia (de grupo) en línea ¿estamos ante un cambio de paradigma?



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Moving from in-person to online therapy is quite a change. Now, more than ever, video-conference applications have cemented themselves as an important medium for group therapists to facilitate online groups. Transitioning from the office circle to the screen not only requires new knowledge and training for clinicians, but it also changes the way we think about therapy, self, relationships, intimacy, and human connectedness. This article highlights the main obstacles that exist when we work online with patients, especially in video communication and specifically with groups, and points out to some patients that might benefit better from this modality.

There are legal and ethical guidelines, such as not practicing across state borders in the USA (although lately, this rule has been flexed in some states) and complying with HIPPA standards, that must be first be considered. Additionally, it is important to protect the confidentiality and safety of group members upon agreeing to participate in online communication and on-line groups.

Screen relations (Isaac Russell, 2015) reduces human connection from three to two dimensions. Because the therapeutic outcome depends mainly on the client-therapist relationship (the therapeutic alliance), it is important to explore whether this alliance exists online, search for what is missing in the online relationship and find ways to overcome it. Bordin (1979) analyzed three components composing the therapeutic alliance: 1. The therapist and client agree about the goals of therapy. 2. They also agree about the tasks (how to achieve these goals). 3. The quality of the relationship that develops in therapy. The first two factors (agreeing on the goals and tasks) can easily be achieved online by discussing the goals and tasks before beginning the group (usually, in the online first meeting or the intake). As for the question whether the same kind of relationships can be developed online as in-person, reviewing studies that measured therapeutic alliance in video conference meetings, Simpson and Reid (2014), found that “studies overwhelmingly supported the notion that therapeutic alliance can be developed in psychotherapy over video conference.” In a meta-analysis study Fernandez et. al (2021) concluded (p. 1535): “Substantial and significant improvement occurs from pre- to post-phases of Video Delivered Psychotherapy (VDP), this in turn differing negligibly from In-Person Psychotherapy treatment outcome. The VDP improvement is most pronounced when CBT is used, and when anxiety, depression, or PTSD are targeted, and it remains strong though attenuated by publication bias. Clinically, therapy is no less efficacious when delivered via videoconferencing than in-person.”

Ultimately, three main difficulties should be taken into consideration when shifting practice to the screen: 1. Losing control of the setting; 2. The disembodied environment; 3. The question of presence.

<sup>1</sup> A version of this article was published in the Winter 2020 of AGPA Group Circle

### LOSING CONTROL OF THE SETTING

The setting is a crucial aspect in dynamic and process-oriented therapy. The therapist's control over the setting and their consideration to how the office is decorated and set up, shows a clear message that the patients' needs are taken care of and creates a holding environment. Yet when moving to online therapy, therapists cannot take care of the environment anymore, as we do not control the environments from which the patients, or group members, connect.

To overcome this, simply instruct the group members to prepare a holding environment conducive to their concentration and privacy, such as preparing a quiet and empty room. If you meet with group members beforehand to bond, screen, and prepare them for the group (a common practice), continue doing it online, and use this meeting to clarify their responsibility for a safe environment. One possible result of shifting the responsibility to the client might be that we encourage more adult coping skills and less regression. It can be an advantage or a disadvantage depending on the point of view and the specific client.

### THE DISEMBODIED ENVIRONMENT

The body-to-body interaction is important in any close relationship, including the therapeutic one. Theoreticians emphasize the importance of the body in human relationship and therapy through aspects such as brain-to-right brain communication and the unconscious influence that our bodies have on one another. Aspects such as eye-to-eye contact and smell, which are integral to the individual acknowledgement of and intimate to each group member, are lost in online therapy. So how do we regulate the other (and how do group members regulate one another) online?

Being online allows the face and facial expressions to be more easily recognizable now that we see people in close-up. Training ourselves to be attentive of group member's facial expressions allows us to gather more information than we could in our office. Actually, the body is *not* absent in online relations, since the therapist and the group members are still aware of our bodies. What's missing is the body-to-body communication. By adopting a more active approach, which is necessary in online-group therapy, encouraging the use of sensorimotor approaches amongst group members offers many creative ways to overcome the absence of body interaction in online therapy. This includes reporting body sensations and moving around the room according to the changing circumstances and needs

### THE QUESTION OF PRESENCE AND IGNORING THE BACKGROUND

A therapist's presence is considered a very important therapeutic gift for a client. When applied to the therapeutic sense, it involves bringing one's whole self to the engagement with the client and being fully in the moment with and for the client, with little self-centered purpose or goal in mind (Geller & Greenberg, 2002; Craig, 1986). The therapists' presence is understood as the ultimate state of moment-by-moment receptivity and deep relational contact. It involves a *being* with the client rather than a *doing* to the client. Due to distractions and the screen barrier decreasing the therapists' presence, it is much more difficult to stay present online. However, if television presenters can pass the screen and transmit their presence through the ether, group therapists can learn to do so as well.

By using ourselves more, we can create and increase our presence with self-disclosure. The appropriate kind of self-disclosure and transparency is about the here- and-now, namely our feelings toward the group members and the group-as-a-whole. In addition, paying close attention to the facial expressions of group members can help us identify unexpressed frustration and dissatisfaction, especially about the group therapist's interventions. Taking responsibilities for mistakes and for empathic failures is another way of increasing the presence of the group therapist.

Not only must we consider the presence of therapist in junction to the group, but also outside of it as well. We tend to ignore events online that would never be ignored in our office. For example, it's almost impossible to ignore someone entering the room in which we lead our group versus when someone has passed behind one of the group members when they sit in front of the computer. No one would comment on it, including the group therapist. It is as if these background details become transparent to us. Special attention and training are needed to not ignore these events.

## WHO CAN BENEFIT MORE FROM ONLINE THERAPY?

Some patients benefit MORE from remote treatment. Apparently, for patients who felt more overwhelmed when meeting the therapist and group members in the same room, the computer screen provided a barrier that makes them less anxious and allows them to make better use of therapy. In general, it seems that those patients were using an avoidant-dismissive attachment style, which helped them withdraw from being too emotionally invested in the therapeutic relationship. Patients with social anxiety disorders, some borderline personality disorders, and some who suffer from PTSD, feel more protected when we shift to online meetings. They become more self-disclosing, more communicative and less defensive online.

## CONCLUSION

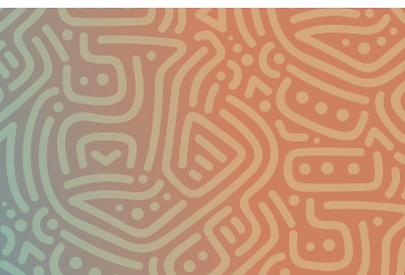
Leading online groups requires specific training and supervision. Just as it is not enough for a good individual therapist to become a group therapist, it is not enough for a good group therapist to become an online one.

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